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# GOVERNMENT DENTAL COLLEGE & HOSPITAL,



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### AMENDMENT SHEET

Sr.No.	Section No	Date of Amendment	Details of the amendment	Reasons	Signature of amending authority	Signature of approving authority
1						
2						
3						
4						
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Refer to Document control policy

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3	Infection Control Officer
4	Head of the Department of Endodontia
5	Head of the Department of Pedodontia
6	Head of the Department of Periodontia
7	Head of the Department of Oral Surgery
8	Head of the Department of Orthodontia
9	Head of the Department of Oral Medicine and Radiology
10	Head of the Department of Oral Pathology
11	Head of the Department of Preventive and Community Dentistry
12	Head of the Department of Prosthodontia
13	Head of the Department of Medicine
14	Head of the Department of General Surgery
15	Assistant Hospital Administrator
16	Sanitary Inspector
17	Security Supervisor


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**ABBREVIATIONS- Refer List of abbreviations**

**GDCHA- Government Dental College and Hospital, Ahmedabad**

**HIC- Hospital Infection Control**

**HAI- Hospital Acquired Infections**

**IC – Infection Control**




**ART- Anti-retroviral therapy**


**ICN- Infection control Nurse**

**TSSU- Theatre Sterile Standard Unit**

**CDC- Centres for Disease Control**

**PPE- Personal Protective Equipments**

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## 1. INTRODUCTION

### HOSPITAL INFECTION PREVENTION & CONTROL PROGRAMME

The hospital recognizes the control of Health Care Associated Infections as an important issue and is committed to fulfilling its responsibility by ensuring that proper safeguards are instituted to identify and prevent Healthcare Associated Infection (HCAI).

#### PURPOSE:




- To establish a well designed comprehensive and coordinated hospital infection prevention & control programme aimed at reducing/ eliminating risks to patients, visitors and providers of care
- To maintain and monitor safety of Patients and Healthcare workers
- To define policy and procedure regarding prevention of Healthcare associated infections in the hospital


Nosocomial or health care associated infections are major public health problems in hospitals throughout the world. Nosocomial infections represent a leading cause of death. Nosocomial infections, such as bacteremias, surgical wound infection, pneumonia, urinary tract infections, are also associated with major morbidity in hospitalized patients. These nosocomial infections add significantly to the expected length of stay as well as morbidity and mortality for patients. An infection control program is essential to the modern hospital because it provides guidelines and standards for the recognition, prevention, and control of infection in patients, personnel and visitors within the hospital community.

GDCHA endeavors to have a robust infection control program in place. The goal of the organization's infection surveillance, prevention and control program is to identify and reduce the risks of acquiring and transmitting infections among patients, staff, doctors, contract workers, volunteers, students and visitors.

It also endeavors to safeguard patients, personnel and visitors and helps in providing a safe environment to all. The aim also is to ensure protection of all the staff against occupational hazard of contracting the infection ensuring their course of duties.

Hospital acquired infection may originate from endogenous or exogenous sources and occur during hospitalization of the patients. For an infection to be defined as hospital acquired there must be no evidence that the infection was present or incubating at the time of hospital admission. Most frequently acquired hospital acquired infections are surgical site infections, urinary tract infections.

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GDCHA is committed to the prevention of all the hospital-acquired infections through its infection control policies and guidelines as stated in the infection control manual. The program has been developed incorporating the current scientific, accepted practice guidelines from - CDC and its“ Hospital infection control practices advisory committee (HICPAC) for Hospital acquired infection and its prevention., WHO (World Health Organization) , Infectious Diseases Society of America (IDSA), SHEA, National and state health guidelines for infection control practices , Gujarat pollution control board and Govt. of India environment and forests ministry for bio-medical waste management rules 2016, National health programmes like (IDSP – Infectious Diseases surveillance Program) for prevention, control and reporting of Notifiable and outbreak prone diseases. NACO guidelines, Kayakalp guidelines, Mahatma Gandhi Swacchta mission guidelines, National guidelines for clean hospitals , National Treatment Guidelinesfor Antimicrobial Use in Infectious Diseases etc The infection control committee at GDCHA is responsible for providing the guidelines for the prevention and control of infection in patients and personnel. Every individual is responsible for compliance with hospital-wide and departmental infection control policies and procedures.

**RESOURCE REQUIREMENT FOR INFECTION CONTROL PROGRAM:**


The GDCHA management has allocated resources to implement proper infection prevention measures throughout the hospital.

The resources include:

- Manpower - Infection control Nurse, Infection control officer
- Material – Hand rub, Sharp disposal bins and color coded bins throughout hospital, Disinfectants and antiseptic solutions, Disposable Personal protective equipment (PPE), Single use items, sterilization and disinfection equipment etc
- Programmes and activities – Several programs are run to prevent infections, like, surveillance of HAI, vaccination, water and environment culture, Pre-employment checkup, Hospital safety rounds. Other awareness generating activities are conducted throughout the hospital for the staff, patients and visitors.
- Special programs` –Monitoring protocols – All the hospital acquired infections surveillance , hand hygiene compliance, adherence to standard precautions works as information system to collect, analyze, interpret and guide quality management and improvement strategy.




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## 2. THE STRUCTURE OF THE HOSPITAL INFECTION PREVENTION & CONTROL PROGRAMME

- Having a written document (Hospital Infection Prevention and Control Manual) outlining the various infection control policies and procedures and periodically updating it at least yearly. It includes policies and procedures like Standard precaution, Isolation precautions, Hand hygiene, Personnel protective equipment, aseptic precautions for various procedures , sterilization activities, Linen management, , engineering controls in preventing infections, housekeeping activities, Biomedical Waste Management & handling , Needle stick injury, Spill Management, Post exposure prophylaxis etc.
- Identification of the high risk areas
- Infection control procedures during patient work on dental chair stations
- Surveillance programme to capture and monitor implementation of infection prevention and control programme
- Identification of critical components of dental chair station
- To lay down policies and procedures for sterilization activities including the reprocessing of used instruments
- Adherence to standard precautions
- Evaluation of infection control efficacy before purchase of equipment, instrument and dental materials
- Engineering controls to prevent infections
- To provide Facilities and adequate resources are provided to support the infection control program
- Statutory provisions with regards to Biomedical waste management and handling
- To lay down employee health programme for staff health activities and monitor it
- Monitoring the activities of infection control team.
- Induction and on-going educational/training program related to Hospital Infection Prevention and Control at Induction for all cadres of hospital staff.

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### REVIEW AND REVISION OF INFECTION CONTROL MANUAL:


The Hospital Infection Prevention and Control Programme is a continuous process and is updated at least once a year in reference to the newer literature on infection prevention and outbreak prevention mechanism, infection trends and outcomes of the audit processes.

### 3. INFECTION CONTROL PROGRAMME -HOSPITAL INFECTION CONTROL COMMITTEE

The GDCHA has a multidisciplinary Infection control committee which coordinates all infection prevention and control activities. The committee members are Hospital administrators, Microbiologists, Dentists, Dental Surgeon, Head Nurse, Sanitary inspector from the support services. Other invitees members as and when required. The policies and procedures are laid down by the committee to guide the implementation of the programme. The composition is as follows

Sr. No.	Designation Organization	Designation Committee
1	Additional Director/Dean Government Dental College and Hospital	Chairperson
2	Professor & Head -(General Pathology)	Member Secretary
3	Professor-(Ortho)	Member
4	Asst. Professor- (Public Health)	Member
5	Assistant Professor(Oral Pathology)	Member
6	Professor & HOD-(Gen. Pharma)	Member
7	Professor (OS)	Member
8	Asst. Professor (Prosthodontia)	Member
9	Asst. Professor (Operative)	Member
10	Tutor-(Pedodontia)	Member
11.	Tutor(OS)	Member
12	Assistant Hospital Administrator	Member




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13	Infection Control Nurse	Member
14	Sanitary Inspector	Member
15	Security Supervisor	Member

### OBJECTIVE

- Having a written document (Hospital Infection Prevention and Control Manual) outlining the various infection control policies and procedures and periodically updating it at least yearly. It includes policies and procedures like Standard precaution, Isolation precautions, Hand hygiene, Personnel protective equipment, aseptic precautions for various procedures , sterilization activities, Linen management, , engineering controls in preventing infections, housekeeping activities, Biomedical Waste Management & handling , Needle stick injury, Spill Management, Post exposure prophylaxis etc.
- Identification of the high risk areas
- Infection control procedures during patient work on dental chair stations
- Surveillance programme to capture and monitor implementation of infection prevention and control programme
- Identification of critical components of dental chair station
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- Adherence to standard precautions
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- Engineering controls to prevent infections

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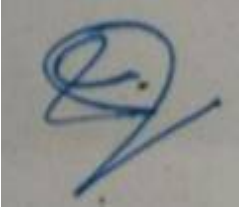

- To provide Facilities and adequate resources are provided to support the infection control program
- Statutory provisions with regards to Biomedical waste management and handling
- To lay down employee health programme for staff health activities and monitor it
- Monitoring the activities of infection control team.
- Induction and on-going educational/training program related to Hospital Infection Prevention and Control at Induction for all cadres of hospital staff.
- HICC meets regularly not less than once in 3 months and on as required basis, with a minimum quorum of 80 % and the minutes of meetings are documented


#### 4. INFECTION CONTROL TEAM

The hospital has a infection control team which coordinates the implementation of all infection prevention and control activities. The team is responsible for day to day functioning of infection prevention and control programme. It supports in surveillance process. The team participates in audit activity and in infection prevention and control on day to day basis as well as it educates the staff in this regard. The team includes ICO, ICNs and others. The few team members are also part of Infection Control Committee

The following form the Infection Control Team:

Sr. No.	Designation Organization	Designation Committee
1	Assistant Professor Pathology	Infection Control Officer
2	Tutor- Oral Surgery	Member
3	Tutor- Pediatric Dentistry	Member
4	Tutor- Operative Dentistry	Member
5	Tutor- Oral Pathology	Member
6	Assistant Hospital administrator	Member

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7	Infection Control Nurse	Member
8	Sanitary Inspector	Member

### RESPONSIBILITIES OF INFECTION CONTROL TEAM

- Surveillance of hospital infection
- Monitor sterilization and disinfection protocols.
- Identifying appropriate resources for a program to monitor infection and apply the most appropriate methods for preventing infection.
- Ensuring education and training of all staff through support of program on the prevention of infection in disinfection and sterilization techniques.
- Look over the appropriate implementation of bio-medical waste management as per the guidelines
- Compliance and implementation of policies approved by Infection Control committee.
- Monitoring adherence standard precautions & aseptic techniques, including hand washing, use of isolation precautions and necessary infection control techniques in high risk areas like OT
- Monitors effectiveness of Housekeeping Service
- ICT meets formally apart from daily activities monthly for data analysis, monitoring of HIC indicators and its trend analysis and the minutes of the meeting are documented.




### INFECTION CONTROL OFFICER (ICO):


The Pathologist serves as Infection Control Officer.

### DUTIES OF INFECTION CONTROL OFFICER:

The Pathologist is the infection control officer and is also the member of infection control committee. The infection control officer is responsible for the following:

- Monitoring the decisions of infection control committee.
- Organization of training program for staff.
- Conducting on-going surveillance of hospital infection

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- Environmental surveillance when needed.
- Carrying out of infection control activities as decided by ICC.




### INFECTION CONTROL NURSE


The duties of the ICN are primarily associated with ensuring the practice of infection control measures by nursing and housekeeping staff. Thus the ICN is the link between the HICC and the wards. The infection control nurse is trained in hospital infection control principles

They are responsible for:

- Conduct environmental rounds in all inpatient and outpatient care areas. Regular visits to all wards and high risk areas.
- Surveillance: Checking nurse administrator registers and patient case records for cases suggestive of infections.
- Collection of samples from different areas of the hospital for surveillance purpose and sending them to lab.
- Daily contact to microbiology lab to ascertain results of samples collected for surveillance and to liaise between microbiology and clinical departments.
- Data collection and Compilation of ward wise, specialty wise and procedure wise statistics for Hospital Infection.
- Assessing environmental control through surveillance of water supply systems as needed, engineering controls like air pressure relationships for high risk environmental monitoring.
- Monitoring of the implementation and adherence to laid down infection control policies and procedures.
- Education: Plan, organize, develop and implement educational programs for all hospital employees including administrative and ancillary services which convey specialized knowledge and skills to increase employee awareness of existence of nosocomial infections; techniques to prevent measures to provide a safe environment for hospital employees and patients. They Serve as a knowledgeable and available resource on infection control practices and policies to patients, families, staff, and health system employees.

### 5. POLICIES AND PROCEDURES OF THE INFECTION CONTROL FOR ALL AREAS OF

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**THE HOSPITAL  
HIGH RISK AREAS**

**DEFINITION:**

High risk areas in hospital are defined as those areas or departments that are highly prone to infections and require special attention for appropriate infection control measures.

Surveillance activities are appropriately directed towards the identified high-risk areas

High risk areas of the hospital:-

- Operation theatres
- Recovery area
- Post-operative ward
- Dental Lab
- Dental chair units




High risk areas of dental chair units


- 1) Instrument tray
- 2) Handle of the instrument tray
- 3) Compressed air and water pipes
- 4) Chair light handle and switches
- 5) Attachments for handpiece
- 6) Head, back and hand rest
- 7) Spittoon
  
- 8) Tubing for suction
- 9) Airoter, micromotor hand pieces and scaler tips

These all high risk or critical components of dental chair units should be clean or disinfect before starting , between the two patient appointment and after the finishing the patient work




**Dental Unit Care**

Dental Chair Units station and	Set up for the day/Pre treatment protocols The dental operator or designated assistant must flush all the waterlines	Nurse on Duty
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<p>its surrounds</p>	<p>for 20 to 30 seconds at the beginning of each work day to reduce any microorganisms that may remain overnight.</p> <p>It has been shown that blood, saliva, and gingival fluid of patients may be aspirated into the handpiece or waterline. Therefore flushing the unit's water reservoir between patients and before starting the day is important</p> <p><b>Preparing for the patient</b></p> <ol style="list-style-type: none"> <li>1) Distilled water with an appropriate waterline treatment product should be placed on the dental unit prior to treating a first patient of the day.</li> <li>2) flush all waterlines, including the ultrasonic scaler, for a minimum of 20 to 30 seconds between patients.</li> <li>3) Clean and disinfect the unit with an alcohol based solution. Cleaning may also be accomplished by using soap and water prior to surface disinfection.</li> <li>4) Spittoon should be cleaned with soap and water and if needed run 0.5% sodium hypochlorite solution to remove blood and saliva.</li> <li>5) The environment of the dental clinics must always be clean and neat. Cover surfaces shall be disinfected between patient, with alcohol or spirit with. Any surfaces (horizontal or vertical) within 3 feet of the patient's mouth must be considered contaminated after providing treatment that produce spatter. Therefore, cabinet doors and drawers must be closed during treatment. However only surfaces that are touched must be cleaned and disinfected. Only current patient models and materials are allowed in the treatment room during treatment.</li> <li>6) Barriers are most beneficially used on areas that are electrically controlled and dangerous or difficult to disinfect eg . curing light button handle, microscope</li> </ol>	
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	<p>7) Attach disposable saliva ejector tip, sterile high speed evacuation tip, sterilized handpiece, and sterilized three way syringe tip are sterilized after use by autoclaving</p> <p>8) High speed evacuation system should be used at all possible times when using high speed handpiece, water spray, or ultrasonic scaler or during a procedure that could cause spatter due care to prevent the contamination must be taken</p> <p>9) Three way syringe is hazardous because it produce spatter. Therefore, caution must be used when using it or use of non spatter-producing methods of cleaning, such as warm, moist cotton pellets or use of water before air is recommended.</p> <p>10) Make provision for Biomedical Waste as per current guidelines that will not interfere with patient treatment.</p> <p>11) Set up all items to be used during the delivery of care . never reach in to drawers or shelves or any material bottles or material syringes with contaminated gloves.</p> <p>12) Sterile cassettes or sterile instrument pouches should only be unwrapped and opened at the time of use with clean treatment gloves. Sterile instruments must never be touched with ungloved hands.</p> <p style="text-align: center;"><b>In between patient treatment room disinfection protocols</b></p> <p>1) Clean all environmental and dental unit surfaces with pre-saturated alcohol based solution, repeat, and then allow disinfectant to set for designated time on label. Remember to wear PPE</p> <p>2) Run waterlines of devices and equipment discharged of water and air for 20 to 30 seconds .with 0.5% sodium hypochlorite solution for</p> <p>3) Clean the suction tubing with 0.5% sodium</p>	
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	<p>hypochlorite solution for at least 20 to 30 seconds.</p> <p>4) Clean the all critical surfaces of dental unit with alcohol based solution</p> <p>5) Remember all should be done with PPE.</p> <p>6) You must sterilize or disinfect all clinical supplies and equipment that have been contaminated during the procedure.</p> <p>At the end of the session during day follow all above guide lines. You must sterilise or disinfect all dental supplies and equipments and place them in the designated area.</p>	
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**HIGH RISK PROCEDURES:**




- Maxillofacial Surgery
- Periodontal Surgery
- Periapical Surgery
- Pulpal procedure
- Nasoalveolar Molding
- Dental Implants


**6. STANDARD PRECAUTIONS**

**DEFINITION:**

**Standard Precautions** represents a system of barrier precautions to be used by all personnel for contact with blood, all body fluids, secretions, excretions, non-intact skin, and mucous membranes of all patients, regardless of the patient's diagnosis. These precautions are the "standards of care." This system embodies the concepts of "universal precautions" and "body substance isolation/ precautions "

Standard precautions focus on reducing the risk of transmission of microorganisms like HBV, HCV, HIV and other blood-borne pathogens. The use of barriers is determined by the care

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provider's "interaction" with the patient and the level of potential contact with body substances.




The purpose is to reduce transmission of infectious agents between patients, caregivers, and others in the medical center environment, and to reduce the incidence of nosocomial infections among patients. Standard precautions is followed by all personnel and based on the degree of anticipated exposure to body substances/fluids. It is the responsibility of the individual to comply with it


- Overall responsibility of implementation of this policy is lying with infection control committee.
- Infection control team is responsible for the day to day monitoring programme.
- All HODs are responsible for the monitoring and educating staff of their respective department about hospital infection control practices with coordination of infection control team.
- Hospital Management is responsible for availability of personal protective equipments & other resources.
- All staff in the patient care area for adherence to it
- It includes standard work precautions to prevent infection by exposure to blood and body fluids
- It also includes prevention of cross contamination

**“Standard precautions are the precautions to be used by ALL healthcare workers-HCW in ALL situations involving the care of patients or contact with the environment.”**

#### COMPONENTS OF STANDARD PRECAUTIONS

- Hand hygiene
- Use of Personal Protective Equipment
- Isolation Practices
- Handling of Sharps

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- Prevention of Occupational Exposure
- Cleaning Sterilization & Disinfection
- Environmental Cleaning
- Linen Management
- Spill Management
- Bio-Medical Waste Management

## 7. HAND HYGIENE

Hand hygiene includes:

- Social Hand washing
- Hygienic Hand Washing/ Hand Rub
- Surgical Hand Scrubbing

### INDICATIONS




- Perform hand hygiene before and after handling of patient.
- Perform hand hygiene between each direct patient contact.
- It may be necessary to perform hand hygiene and change gloves between tasks on the same patient.
- Hand hygiene with alcohol hand rub is acceptable provided the hands are not visibly soiled. (Refer: Policy on Hand washing)
- Wash hands immediately after contact with blood, body fluids, secretions, excretions and items contaminated with body fluids.


To promote and standardize regular hand washing by the staff engaged in patient care as this is one of the most important steps towards decreasing the hospital infections.

### POLICY FOR HANDWASHING

All healthcare workers do liberal hand washing to prevent infections. Six steps hand wash is recommended as an ideal method for hand washing.

### MOMENTS OF HAND HYGIENE

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## Your 5 moments for HAND HYGIENE







1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure/risk
4. After touching a patient
5. After touching patient surrounding.

### GUIDELINES

All healthcare workers must comply for practice of hand washing to prevent infections. Six steps hand wash is recommended as an ideal method for hand washing. Following general guidelines are to be followed.

- On entering the workplace (on joining duty)
- Before leaving work place (on completion of duty)
- Before and after drinking, eating and food contact
- After using restroom or toilet
- Before and after performing any procedure
- Before entering in to and leaving from an isolation room
- Before wearing and after removing gloves

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- Before taking care of susceptible patients, such as those who are severely immune compromised and newborns
- Between contacts with different patients
- After contact with mucous membranes, blood or body fluids, and secretions or excretions
- After touching inanimate surfaces those are likely to be contaminated by virulent or epidemiologically important microorganisms.
- After taking care of an infected patient or one who is likely to be colonized with microorganisms of special clinical or epidemiological significance, for example multiple-resistant bacteria
- Before and after touching the wound, whether surgical, traumatic or associated with an invasive device
- Whenever hands are visibly soiled.




**Before any procedure and hand wash, remove rings, watches and bracelets**


#### **SOCIAL HAND WASHING**

Hand washing with plain soap and water removes most transient micro-organisms from hands.

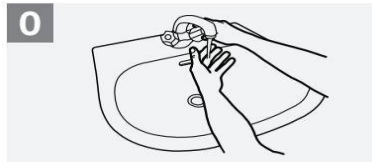
#### **HYGIENIC HAND WASHING PROCEDURE**

- Hand wash is done when hands are visibly soiled. Wet hands with water
- Apply soap to cover all hand surfaces (Liquid soap with dispenser)
- Rub hands palm to palm.
- Rub back of each hand with palm of other hand with fingers interlaced.
- Rub palm to palm with fingers interlaced.
- Rub with back of fingers to opposing palms with fingers interlocked.
- Rub each thumb clasped in opposite hand using a rotational movement.
- Rub tips of fingers in opposite palm in a circular motion.
- Rub each wrist with opposite hand.
- Rinse hands with water.
- Dry thoroughly.
- Duration of the each step is 15 to 20 sec entire procedure: 2 minutes

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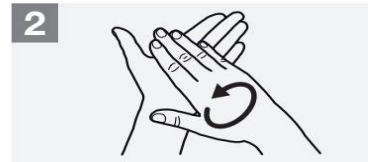
- Hand washing has to be practiced strictly at all patient care areas.



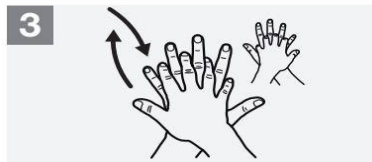
Wet hands with water;



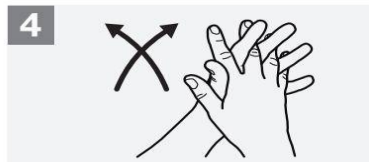
Apply enough soap to cover all hand surfaces;



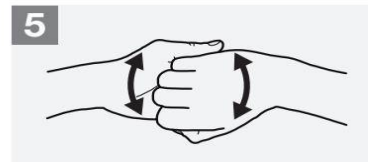
Rub hands palm to palm;



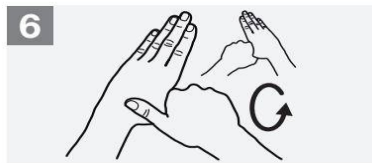
Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



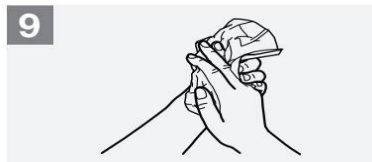
Rotational rubbing of left thumb clasped in right palm and vice versa;



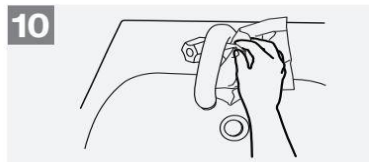
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



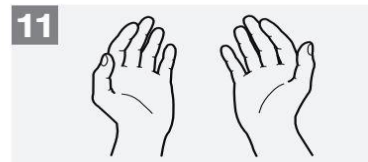
Rinse hands with water;



Dry hands thoroughly with a single use towel;







Use towel to turn off faucet;



Your hands are now safe.

### HYGIENIC HAND WASHING/ ALCOHOLIC HAND RUB

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Hygienic hand washing is a procedure where an antiseptic solution (alcoholic) is used for disinfection of hands. This is a more effective method to move and kill transient microorganisms.

### DIRECTIONS FOR USE

Rub alcoholic hand rub in adequate well over clean, dry hands and nail grooves for 20-30 seconds.


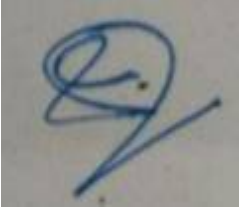

Alcoholic hand rub should be used before care of new born and when otherwise indicated during their care, between patients in high risk units, before performing invasive procedures and before taking care of severely immune compromised patients. Alcoholic hand rub is an effective alternative when there is need of rapid hand disinfection and when hands are not visibly soiled.

### SURGICAL HAND WASH

The purpose of the surgical hand wash is to remove debris and transient micro-organisms from the nails, hands and forearms and reduce the resident microbial count to a minimum and inhibit rapid rebound growth of micro-organisms.

The duration of the procedure is 2-3 minutes for each hand. It consists of:

- Remove all jewellery (rings, watches, bracelets).
- Wash hands and arms with hand wash gel. Take 5 to 10 ml of gel
- Scrub each side of each finger, between the fingers, and the back and front of the hand.
- Proceed to scrub the arms, keeping the hand higher than the arm at all times. This prevents bacteria-laden soap and water from contaminating the hand.
- Wash each side of the arm to three inches above the elbow.
- Repeat the process on the other hand and arm, keeping hands above elbows at all times.
- Rinse hands and arms by passing them through the water in one direction only, from fingertips to elbow. Do not move the arm back and forth through the water.
- Proceed to the operating room suite holding hands above elbows.
- Once in the operating room suite, hands and arms should be dried.

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### SURVEILLANCE AND MONITORING OF HAND WASHING

- Every day infection control nurse visits different department and monitors the hand washing practices in different level of staff and if required on job training is given
- Every month data is analyzed and appropriate feedback is given to the concerned department and staff, if required onsite training is imparted

### METHODOLOGY FOR OBSERVATION IS WHO HAND HYGIENE OBSERVATION FORM

- The observation of the following category of health care workers
- The health-care worker, belonging to one of the main four following professional categories (Doctors, Nurses, Paramedical Staff and Housekeeping staff), is observed during the delivery of health-care activities to patients.
- Detected and observed data should be recorded with a pencil in order to be immediately corrected if needed.
- The top of the form (header) is completed before starting data collection (excepted end time and session duration). Including the employee code nos
- The session do not last no more than 20 minutes ( $\pm$  10 minutes according to the observed activity); the end time and the session duration are to be completed at the end of the observation session.
- The observer observes up to 4 health-care workers simultaneously, if the density of hand hygiene opportunities permits.
- Each column of the grid to record hand hygiene practices is intended to be dedicated to a specific professional category. Therefore numerous health-care workers may be sequentially included during one session in the column dedicated to their category. Each column is dedicated to a single health-care worker only of whom the professional category should be indicated.

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- As soon as you detect an indication for hand hygiene, count an opportunity in the appropriate column and cross the square corresponding to the indication(s) you detected. Then complete all the indications that apply and the related hand hygiene actions observed or missed.
- Each opportunity refers to one line in each column; each line is independent from one column to another.
- Cross items in squares (several may apply for one opportunity) or circles (only a single item may apply at one moment).
- When several indications fall in one opportunity, each one must be recorded by crossing the squares.
- Performed or missed actions must always be registered within the context of an opportunity.
- Glove use may be recorded only when the hand hygiene action is missed while the health-care worker is wearing gloves.


The Adherence rate is calculated by As Quality Indicator-  
Adherence Rate (%) =  $\frac{\text{Actions}}{\text{Opportunities}} \times 100$

The Compliance Rate is calculated by as QI  
Compliance Rate (%) =  $\frac{\text{Missed opportunities}}{\text{Opportunities}} \times 100$

#### INSTRUCTIONS FOR CALCULATION OF ADHERENCE RATE AND COMPLIANCE RATE

- Define the setting outlining the scope for analysis and report related data according to the chosen setting.
- Check data in the observation form. Hand hygiene actions not related to an indication should not be taken into account and vice versa.
- Report the session number and the related observation data in the same line. This attribution of session number validates the fact that data has been taken into count for compliance calculation.
- Results per professional category and per session (vertical):
- Sum up recorded opportunities (Opp) in the case report form per professional category: report the sum in the corresponding cell in the calculation form.
- Sum up the positive hand hygiene actions related to the total of opportunities above, making difference between handwash (HW) and handrub (HR): report the sum in the corresponding cell in the calculation form.
- Proceed in the same way for each session (data record form).

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- Add up all sums per each professional category and put the calculation to calculate the compliance rate (given in percent)
- The addition of results of each line permits to get the global compliance at the end of the last right column.

### 8. USE OF PERSONAL PROTECTIVE EQUIPMENTS (PPE)

PPE includes:




- Gloves
- Masks
- Cap
- Apron
- Gowns
- Goggles/Eye Shield


#### GLOVES

Disposable (single use) gloves must be readily available in patient care and specimen handling areas.

Gloves must be worn for:

- Anticipated contact with moist body substances, mucous membranes, tissue, and non-intact skin of all patients;
- Contact with surfaces and articles visibly soiled/contaminated by body substances;
- Performing venipuncture or other vascular access procedures (IV starts, phlebotomy and in-line blood draws);
- Handling specimens when contamination of hands is anticipated
- Perform hand hygiene immediately before wearing the gloves.
- Wear gloves at bedside , (clean, non-sterile gloves are adequate for non invasive procedures) immediately prior to task , when in contact with blood, body fluids, secretions, excretions and contaminated items / equipment
- Put on clean sterile gloves just before touching mucous membranes and non-intact skin.
- Change gloves between tasks and procedures on the same patient.
- Remove gloves promptly after use before touching non-contaminated items.

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- Perform hand hygiene immediately after removal of gloves.
- Replace torn, punctured or otherwise damaged gloves as soon as patient safety permits.
- Remove and discard gloves after each individual task involving body substance contact, before leaving the bedside.

Gloves should not be worn:


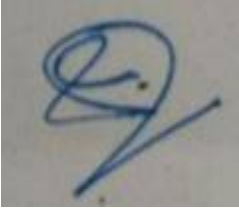

- Away from the bedside or lab bench
- At the nursing station
- To handle charts, clean linen, clean equipment or patient care supplies
- In hallways or elevators.


Gloves are not to be washed or decontaminated for reuse (exception: utility gloves)

- Caution: Gloves do not provide protection from needle sticks or other puncture wounds caused by sharp objects. Use extreme caution when handling needles, scalpels, etc.
- Additional glove information:
  - **Unsterile gloves:** Vinyl and latex gloves are equally effective in preventing skin contact with microorganisms. Choose the size that best fits your hands. They should be used for contact with blood and body fluids of patients.
  - **Sterile gloves** are available in patient care areas and should be worn when aseptic technique is required and non intact skin
  - **Hypoallergenic and powder-free gloves** are available for individuals who are allergic to latex or powder.
  - **Utility gloves** (not for direct patient care) used by housekeepers, plumbers, etc. may be decontaminated and reused, provided the integrity of the glove is not compromised. They must be discarded if cracked, peeled, torn, and punctured or when their ability to function as a barrier is compromised.

### **MASKS, EYE PROTECTION AND FACE SHIELDS**

Wear masks in combination with eye protection devices (goggles or glasses provide with side shields) or during procedures that are likely to generate droplets, spray, or splash of body substances to prevent exposure to mucous membranes of the mouth, nose and eyes. Masks

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are also worn to protect personnel from transmission of infectious droplets during close contact with the symptomatic patient.

Situations, which may increase risk of splash/splatter, include the following


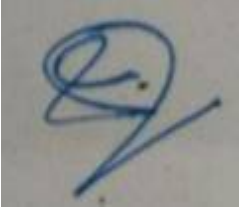

- Trauma care
- Surgery
- Intubation/ suctioning /extubation (including code situations)
- Bronchoscopy/ endoscopy
- Emptying bedpans/ suction canisters into hopper/toilet
- Code blue
- Patient care of coughing patient with suspected infectious etiology
- By the housekeeping staff while handling the biomedical waste


**APRONS, GOWNS, FOOT WEAR AND OTHER PROTECTIVE BODY CLOTHING**

The appropriate type of garment must be based on the task and the degree of exposure anticipated. Gowns are worn to prevent contamination of clothing and protect the skin of personnel from blood/body fluid exposure.

- Wear plastic aprons or gowns during patient care procedures that are likely to soil clothing with body substances, Contamination with micro-organisms during direct patient care or direct contact with the environment of an isolated patient.
- Select an apron/gown that offers most protection. Remove promptly and perform hand hygiene.
- Wear lab coats in laboratory settings.
- Remove protective body clothing before leaving the immediate work area.
- In surgical areas, additional protective attire may include surgical caps or hoods and shoes
- Use protective footwear, to prevent contamination of the feet, e.g. during operations. Remove contaminated footwear when procedure is complete. The foot wear of these areas are not to be taken outside
- Gumboots to be used by the housekeeping staff while transporting a handling biomedical waste

**APRON/GOWN – cleaning and sterilization – refer linen management**

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**FOOT WEAR- Cleaned weekly once with soap and water**

**PROTOCOLS DURING PATIENT TREATMENT**

A thorough medical history should be obtained, reviewed and updated at every patient visit. Not all patients with infectious disease can be identified by the medical history, examination or laboratory test. Therefore each patient should be treated with standard precautions.

**1. Charting/Radiographs**




The computer key board and mouse must be covered with appropriate barriers if they will be used during treatment to record findings. Once findings are recorded, the barriers should be removed and the area cleaned. Be certain not to use contaminated gloves on computer devices that are not appropriately covered. The keyboard comes with a plastic shield; however, it should be covered with a plastic bag if the operator is recording findings with contaminated gloves. The plastic shield on the keyboard should be disinfected using the same protocols as for cleaning the operatory with the germicidal wipes. A clear adhesive film is used as a barrier for the mouse. If an assistant can record findings, then the plastic bag is not needed on the key board, no is the barrier on the mouse.


Address any paperwork items before gloving and again after gloves have been removed and hands are washed. All employees must avoid touching charts, files, forms, unbarriered computers, films, etc., with contaminated gloves. Although HIV does break down after drying, many other viruses, including HBV, may survive up to 72 hours on inanimate objects. Therefore, you may be putting front desk and filing clerks at risk of cross-contamination and transmission by touching paperwork or other items that may leave the operatory.

All staff members handling paperwork must refrain from applying makeup, eating, and touching eye, nose, and mouth areas, unless they have washed their hands.

2. Optional: Instruct the patient to rinse with mouthwash for 1 minute

3. Hand washing and gloving:




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Wash hands and wrists at the unit as described and glove. Once gloved, touch only the patient and barrier-covered areas or areas that have been cleaned and disinfected.

#### 4. Sharps Management Techniques (In brief)

- A mechanical device (instead of fingers) must be employed for tissue retraction during injection of anesthesia e.g. mirror, wooden tongue depressor, or tissue retractor, These are available in all dental clinics. They are sterilized by autoclaving or disinfected by Chlorhexidine gluconate and cetrimide solution as per material used.
- To prevent needle-stick injuries, needles are not to be recapped by moving the needle towards a body part, especially a hand.
- Use an appropriate one-handed technique, a mechanical device designed to hold the needle cap or an engineered sharps injury protection device.
- Once used the syringe should only be handled by the dentist.
- Never allow the point of a needle to move in the direction of you or any co-worker. Place syringe on a sterile field away from the work area.
- Used needles are to be disposed of in an appropriate puncture-resistant container and must not be purposefully bent or broken after use. The containers are present on the wall of each treatment room. Empty anesthetic cartridges and use Toffle mire matrix bands can be disposed of in these same containers.
- To prevent accidental sticks from burs during treatment, all handpieces not in use must be stored with the bur facing the bracket tray or away from the operator and dental assistant. A cotton roll may be placed over the bur for additional protection.
- Dental burs must be removed from handpieces immediately at the end of treatment to prevent accidental sticks or punctures. All burs must be removed with a mechanical device such as a hemostat or locking pliers. Under no circumstances should a bur be removed from a handpiece or placed in a bur block with the fingers.
- Scalpel blades must be placed and removed with a hemostat.

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- When cutting with a Bard Parker or Buffalo knife always cut with the blade moving away from hand.

### Responsibility of Implementation:

- The overall responsibility for formulating, revising, provisioning of education material workers, training of trainers/ supervisors/ concerned hospital personnel and monitoring for this policy is the responsibility of the Chairperson HIC team of the hospital.
- All individual HODs of the related units are directly responsible for the implementation/ provisioning of education material to workers, training of supervisors/ concerned hospital personnel and monitoring/ reporting for this policy in their respective areas of work. For this they shall take guidance from and coordinate with the Chairperson HIC Committee.
- Monitoring the degree of compliance with this policy is responsibility of infection control nurse and reported to Infection control team chairperson periodically.
- It's the responsibility of the hospital infection control committee to identify training needs and provide training to the appropriate group. They are also responsible for periodic up gradation knowledge of required group about needle stick injuries.
- It's the responsibility of infection control nurse to carry out the training need assessment survey to identify the training need and report the same to infection control committee. Training will be provided accordingly.
- It's the responsibility of every individual working in patient care areas to follow the policy and to report the incident. They also record the incident in Needle stick injury register maintained in each department.
- It's the responsibility of top management Provide vaccination to all health-care workers.

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#### 5. Rubber Dam

A rubber dam should be used whenever possible in tooth preparation. Rationale: The rubber dam is an excellent barrier against the spread of infectious material by spatter and is discarded after use.

#### 6. Patient Positioning

Proper patient, dentist and dental assistant positioning can reduce the risk of spatter to the face and is discarded after use.

#### 7. Dropped Instruments

An instrument that is dropped must not be picked up and reused. If the instrument is essential for the procedure, a sterilized replacement instrument must be obtained.

#### 8. Disposable Items


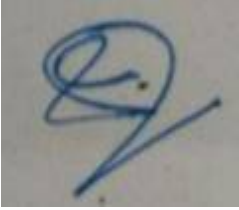

Used disposable items must be discarded immediately to avoid contamination of other items.


#### 9. Storage and Transport of Contaminated Patient-Related Items

Bite registrations, impressions, models, dies, and prostheses are considered contaminated. These items must be cleaned and disinfected prior to removal from clinical areas. Refer to section on Dental Laboratory Procedures.

#### 10. Storage of Sterilized Items

The shelf life of correctly packed autoclaved instruments is indefinite as long as the packaging remains intact. Do not store instruments for intraoral use unwrapped.

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Instruments may be stored as sterile tray set-ups, in groups, or may be individually wrapped. There must be evidence on the wrapping, such as a color indicator, that the correct temperature was achieved in the sterilization cycle. All packets are also required to have a visible internal indicator. Instruments must be repackaged and resterilized if there is any sign of damage to the wrapping. (Sterilizers must be routinely monitored using biological indicators to guarantee destruction of bacterial spores.)

#### 11. Management of Exposure

The risk of contracting HIV infection from a percutaneous needle wound is much less than the risk of contracting HBV or HBC. Any personnel who experience percutaneous (skin puncture) or mucosal (nasal or ocular) exposures to blood, blood-contaminated saliva, or a blood-contaminated object must follow post-exposure guidelines.

#### 12. Use and Disposal of Extracted Teeth in Dental Educational Settings

##### Disposal




Extracted teeth that are being discarded are subject to the containerization and labeling standard. Extracted teeth to be potentially infectious material that should be disposed in medical waste containers.


Extracted teeth sent to a dental laboratory for shade or size comparisons should be cleaned, surface disinfected with an hospital approved disinfectant with intermediate-level activity and safely transported as per current BMW guidelines. However, extracted teeth can be returned to patients on request, at which time provisions of the standard no longer apply.

Extracted teeth containing dental amalgam must never be placed in a medical waste container that uses incineration for final disposal. Teeth with amalgam must be placed in appropriately labeled containers and disposed of.

##### Educational Settings

Extracted teeth are occasionally collected for use in preclinical educational training. These teeth should be cleaned of visible blood and gross debris and maintained in a

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hydrated state in a well- constructed closed container during transport. The container should be labeled with the biohazard symbol. Because these teeth will be autoclaved before clinical exercises or study, use of the most economical storage solution (e.g., water or saline) might be practical. Liquid chemical germicides can also be used but do not reliably disinfect both external surface and interior pulp tissue.

Before being used in an educational setting, the teeth should be heat-sterilized to allow safe handling. Microbial growth can be eliminated by using an autoclave cycle as per current BMW , but because preclinical educational exercises simulate clinical experiences, students enrolled in dental programs should still follow standard precautions.

Autoclaving teeth for preclinical laboratory exercises does not appear to alter their physical properties sufficiently to compromise the learning experience. However, whether autoclave sterilization of extracted teeth affects dentinal structure to the point that the chemical and microchemical relationship between dental materials and the dentin would be affected for research purposes is unknown.




Use of teeth that do not contain amalgam is preferred in educational settings because they can be safely autoclaved. Extracted teeth containing amalgam restorations must not be heat- sterilized because of the potential health hazard from mercury vaporization and exposure


### Clean-up After Patient Treatment

Personal protective attire including gowns, gloves, eyewear and a mask must be worn during clean-up activities.

Any surface that becomes contaminated with blood and/or saliva must be cleaned and disinfected using a liquid chemical germicide registered with a “hospital disinfectant.”

At the end of each treatment procedure all surfaces must be decontaminated using presaturated germicidal sheets. A pre-saturated germicidal gauze pad is used to clean all contaminated surfaces. The same surfaces are wiped off again with a new




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germicidal wipe, and the surface is allowed to air dry in order to be disinfected. Blood and saliva should be thoroughly and carefully cleaned from instruments and materials that have been used in the mouth. The technique is: 1) wipe to clean; 2) wipe to disinfect; and 3) allow surfaces to air dry 10 minutes.

All waste generated during treatment which is saturated with blood or saliva must be considered bio- medical waste. Dispose of it promptly during treatment in the plastic waste bags at the treatment room and after completion of treatment in the main waste receptacle (red bag) in the clinic. The following protocol may be used.

1. Remove gloves and wash hands immediately.
2. Complete entries on all forms and records relating to the treatment and dismiss the patient.
3. Put on gloves before beginning clean-up.
4. Remove barriers from apparatus and items from the dispensary. Clean and disinfect as necessary.
5. Remove all disposables and discard.
6. Discard needles, such as anesthetic and suture needles, and any single use disposable sharp instruments such as scalpel blades, broken instruments, dull or broken burs, or any non- reusable sharp that could puncture skin, into the rigid biohazard sharps container. The container is located on the wall of the treatment room.
7. The dental staff will address contaminated instruments by submerging them in a holding solution. If necessary, instruments can also be carefully cleaned with a scrub brush. Following the scrub brush method, the instrument is replaced in the appropriate slot in the dental cassette. The cassette is closed and secured with a rubber band. Staff will also determine if there are broken or missing instruments which require replacement. Once the inspection procedure is complete, staff sends the cassette/ tray out for sterilization. Rationale: This procedure is an initial step in the decontamination process. The primary reason for initially placing instruments in a liquid chemical germicide (or water) is to keep the instruments from drying prior to

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cleaning and sterilization procedures. Although placement in a liquid chemical germicide will lower the number of microorganisms present on the instruments and equipment, these instruments must be considered contaminated. Gloves must be worn by workers handling these items.

8. Disinfect all patient-contaminated items to be transported to the laboratory, such as impressions, prosthesis, bite registrations and models, as recommended under Dental Laboratory Procedures with disinfectant spray.

9. Remove all barriers from the unit, discard in the plastic waste bag, and close securely.

10. Clean, disinfect, and prepare the unit for the next patient. Any surface covered by a barrier may be recovered without cleaning and disinfecting if the barrier was not punctured or compromised. Gloves must be removed and hands washed after removing soiled barriers. New barriers must be placed with clean hands with or without new gloves. It is not recommended that new barriers be placed and left on equipment when the treatment room is not in use. This practice in a large clinic setting makes it difficult to identify barriers as used or unused.


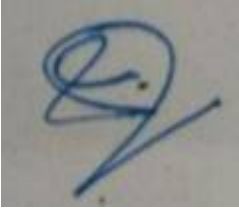

### Instrument Processing


All single instruments (not part of a cassette/ tray ) and bur blocks must be cleaned and returned to the clinic processing room. Items requiring sterilization will be transported to, washed, packaged and sterilized.

All packaged items, including hand pieces, must have an internal chemical indicator placed prior to sterilizing. Sterilized instruments are monitored by mechanical, chemical and biological indicators. After removing the instruments from the sterilizer they must be placed directly on carts to be delivered to the appropriate clinic. \

### Dental Hand piece Sterilization

Follow these steps when sterilizing hand pieces between patients:




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1. Rinse hand piece to remove gross debris and clean the external surface with alcohol based solution. Never immerse handpiece in disinfection bath. Lubricate the turbine after each sterilisation cycle. . A wrapped handpiece should be steam sterilized or flash sterilised .
2. Do not unwrap and/or oil sterile hand pieces until needed for a procedure.
3. Sterile hand pieces must be attached to the dental unit by carefully opening the attachment end of the sterile wrap or bag and attaching the hand piece without removing the sterile bag. The sterile wrap must remain in place until the patient is seated and actual treatment begins.
4. To insure proper water coolant flow from handpieces make sure the water line holes in the handpiece are free of debris. Clogged holes can be cleaned with an endodontic file.
5. Sterilisation of endodontic files and any small instruments are to be sterilized in a glass bead sterilizer.

### Sterilization of Low-Speed Handpiece Motor

1. After each patient, flush air by running handpiece motor for 20 seconds.
2. Remove attachment.
3. Clean all internal surfaces at rear of handpiece motor with a cotton swab soaked in isopropyl alcohol until clean.
4. Clean all external surfaces using a small toothbrush with isopropyl alcohol.
5. Dry thoroughly.
6. Place handpiece motor and swivel in sterilization bag. Use only paper or paper/plastic bags. Follow the sterilization guidelines as stated by the manufacturer of your sterilizer.
7. Remove handpiece motor from sterilizer after drying cycle ends and allow to cool in bag. The handpiece motor must be cleaned and sterilized between patient use.
8. A wrapped handpiece motor should be steam sterilized or flash sterilised .

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## POLICY FOR USE, STERILIZATION AND DISPOSAL OF ENDODOTIC FILES


1. File no. 6,8 and 10 should be used single time.
2. File no. 15 to 40 used 4 to 5 times or till the file unwinds or bends whichever is earlier.
3. File no. 45 onwards discard when unwinds or bends whichever is earlier.
4. Niti or rotary files should be used in 3 to 4 teeth. For identification of their uses mark it with one , two or three lines according to their use.
5. Each file should be examine under magnification or light before use.
6. Sterilization protocol
  - During treatment wipe with hypochlorite gauze or sponge to remove visible debris and use glass bead sterilizer.
  - After the treatment follow the sterilization cycle to clean the file.
    - 1) For cleaning of files first remove the stopper and then wipe it with hypochlorite gauze and then again insert the stopper
    - 2) Put all files in the ultrasonic cleanser in the perforated container with close lid for at least 30 minutes.
    - 3) Rinse it with water and do pouching.
    - 4) Label it with sterilization batch and date.
    - 5) Send them for autoclaving.
    - 6) After autoclaving store them properly in uv chamber.

When need of discarding file, it should be discarded in a puncture proof white container.




### Dental Unit Care


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<p>Dental Chair Units station and its surrounds</p>	<p>Set up for the day/Pre treatment protocols The dental operator or designated assistant must flush all the waterlines for 20 to 30 seconds at the beginning of each work day to reduce any microorganisms that may remain overnight. It has been shown that blood, saliva, and gingival fluid of patients may be aspirated into the handpiece or waterline. Therefor flushing the unit's water reservoir between patients and before starting the day is important</p> <p>Preparing for the patient</p> <ol style="list-style-type: none"> <li>13) fresh bottled water with an appropriate waterline treatment product should be placed on the dental unit prior to treating a first patient of the day.</li> <li>14) flush all waterlines, including the ultrasonic scaler, for a minimum of 20 to 30 seconds between patients.</li> <li>15) Clean and disinfect the unit with an alcohol based solution. Cleaning may also be accomplished by using soap and water prior to surface disinfection.</li> <li>16) Spittoon should be cleaned with soap and water and if needed run 0.5% sodium hypochlorite solution to remove blood and saliva.</li> <li>17) The environment of the dental clinics must always be clean and neat. Cover surfaces that will contaminated, but not cleaned and disinfected between patient, with approved barriers. Any surfaces(horizontal or vertical) within 3 feet of the patient's mouth must be considered contaminated after providing treatment that produce spatter. Therefore, cabinet doors and drawers must be closed during treatment. However only surfaces that are touched must be cleaned and disinfected. Only current patient models and materials are allowed in the treatment room during treatment.</li> <li>18) Barriers are most beneficially used on areas</li> </ol>	<p>Nurse on Duty</p>
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	<p>that are electrically controlled and dangerous or difficult to disinfect eg . curing light button handle, microscope</p> <p>19) Attach saliva ejector tip, sterilr high speed evacuation tip, sterilized handpiece, and sterilized threeway syringe tip.</p> <p>20) High speed evacuation system should be used at all possible times when using high speed handpiece, water spray, or ultrasonic scaler or during a procedure that could cause spatter.</p> <p>21) Three way syringe is hazardous because it produce spatter. Therefore, caution must be used when using it or use of non spatter-producing methods of cleaning, such as warm, moist cotton pellets or use of water before air is recommended.</p> <p>22) Attach a waste bag to an accessible area that will not interfere with patient treatment.</p> <p>23) Set up all items to be used during the d elivery of care . never reach in to drawers or shelves or any material bottles or material syringes with contaminated gloves.</p> <p>24) Sterile cassettes or sterile instrument pouches should only be unwrapped and opened at the time of use with clean treatment gloves. Sterile instruments must never be touched with ungloved hands.</p> <p style="text-align: center;"><b>In between patient treatment room disinfection protocols</b></p> <p>7) Clean all environmental and dental unit surfaces with pre-saturated alcohol based solution, repeat, and then allow disinfectant to set for designated time on label. Remember to wear PPE</p> <p>8) Run waterlines of devices and equipments discharged of water and air for 20 to 30 seconds.ing eith 0.5% sodium hypochlorite solution for</p> <p>9) Clean the suction tubing with 0.5% sodium</p>	
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	<p>hypochlorite solution for atleast 20 to 30 seconds.</p> <p>10) Clean the all critical surfaces of dental unit with alcohol based solution, place barrier if required. Remember all should be done with gloved hands.</p> <p>11) You must disinfect all clinical supplies and equipment that have been contaminated during the procedure.</p> <p>At the end of the session during day follow all above guide lines. You must disinfect all dental supplies and equipments and place them in the designated area.</p>	
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## Intraoral radiograph


### Room Preparation

1. The room should be disinfected. The x-ray head can be disinfected following use.

### Patient Preparation and Radiographer Attire

1. The patient should be seated and the medical status and exposure history discussed. Verify that the patient is not allergic to latex.
2. Safety glasses, masks and protective gowns must be worn during all radiographic procedures.
3. Use a single pair of gloves and put on a new pair before film development.
4. Place and secure the lead drape and thyroid shield on the patient(SPECIALLY IN PREGNANT WOMEN) and remove eyeglasses, dentures and removable appliances.
5. Follow standard procedures for exposure of radiographs. After exposure, wipe off excess saliva from the barrier envelope and then wipe it with a germicidal wipe and place in hanger (film holder) for transport to the processing room.
6. Process the PSPs according to standard procedures.

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### Room Decontamination




1. Personal protective equipment must be worn during room clean-up.
2. Remove the biteblocks from the instruments and discard them. Put the instruments into a plastic bag and place it in the designated area. All instruments must be sterilized after use.
3. When using digital radiography sensors: Replace sensor(s) with clean barriers. Clean and heat-sterilize, or high- level disinfect sensors between patients. If the item cannot tolerate these procedures, then at a minimum, protect with an barrier and clean and disinfect with an hospital disinfectant with intermediate-level (i.e, tuberculocidal claim) activity, between patients. Consult with manufacturer for methods of disinfection and sterilization of digital radiology sensors and for protection of associated computer hardware.
4. Wipe down lead apron and collar with disinfectant.
5. Replace all contaminated barriers and disinfect working surfaces as required.


### Dental Laboratory Procedures

Hands must be washed and personal protective equipment (gloves, mask, gown and protective eyewear) must be worn for all prosthodontics and dental laboratory related activities.

**Disinfection of Impressions and Protheses (Complete Dentures, Partial Dentures, Fixed and Removable Appliances, Night Guards, Temporaries, etc)**

1. Impressions and protheses must be rinsed under cold gently running water to remove debris, saliva, and blood. Do not splash water excessively because droplet spatter can carry microorganisms. (Appliances with a buildup of calculus/plaque must be ultrasonically cleaned before being disinfected. Place temporary crowns/dentures etc., in ziplock bag with cleaning agent, prior to placement in ultrasonic cleaner.)

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2. All impressions and prostheses must be disinfected by spraying them completely with sodium hypochloride solution, which is available in clinic spray bottles. The impression thoroughly sprayed with disinfectant and set on paper towel or plastic tray for 1 minute (confirm disinfectant spray time specifications). If the impression is an alginate, it must remain wrapped with a damp paper towel at all times.
3. Following the disinfecting procedure, impressions and prostheses must be immediately rinsed under copious amounts of cold running water to avoid surface damage.
4. Impressions and prostheses must then be placed in a closed plastic bag prior to transport to the dental laboratory. Impressions are now ready to be poured.


### Impression Trays

- Metal trays must be sterilized by autoclaving prior to each use. They are stored in individual sterilization bags until use. Cleaning the tray immediately after separating the impression from the cast will simplify the procedure.
- Non –autoclavable Plastic trays should not be reused. Discard after use. And the autoclavable plastic trays must be sterilized in an autoclave prior to use.
- Custom trays must be disinfected prior to use. They should be washed with a detergent and water and then immersed in a disinfectant solution. The trays must be completely dry before application of adhesive.

### Articulators

Every attempt must be made to keep articulators from becoming contaminated. Any articulator which is contaminated (used within 3 feet of the dental unit during patient treatment) should be wiped with a germicidal wipe to clean any debris and then sprayed with Cavicide. After 1 minute, the disinfectant can be rinsed from the articulator.

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The above policy also pertains to direct post and cores , solder indexes, bite registrations, case pans, denture and partial denture repairs, denture and esthetic try-ins and their associated models.

### Laboratory Equipment

All laboratory equipment which has come in contact with patient's oral fluids or appliances, including acrylic burs, water bath inserts, facebow forks, metal handle mixing spatulas, wax spatulas, bristle brushes, central bearing plates for articulators and stock impression trays, must be sterilized after use. Case-pans must be disinfected after use.

### Grinding and polishing

1. Place disposable foam tray in tray pan.
2. Unit-dose fresh pumice moistened with water into the tray
3. Place a disposable rag wheels on lathe and begin work. Don't contaminate polishing compound with used rag wheel.




When finished...


4. Remove the rag wheel, and discard in trash.
5. Dispose of used tray with contaminated pumice.
6. If you have used any burs, brushes, etc., during the procedure they must be rinsed and returned to the block for sterilization.
7. New production items (anything not already worn in the mouth) may be handled as non infectious after initial impression decontamination. If decontaminated items require additional work or manipulation, safety glasses and a mask must be worn for protection from projectiles and dust.

### Cases received from the laboratory

#### 1. Fixed Restorations

All fixed restorations will be cleaned, disinfected, steamed and bagged prior to delivery. At the time of final adjustments the restorations will be cleaned, disinfected

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hydrogen peroxide/chlorhexidine/ alcohol based solution and placed in a small container of diluted mouthwash.

## 2. Removable Restorations

All removable restorations will be cleaned, disinfected, steamed and bagged. At the time of final adjustment the restorations will be disinfected disinfected hydrogen peroxide/chlorhexidine/ alcohol based solution and placed in a small container of diluted mouthwash and bagged.


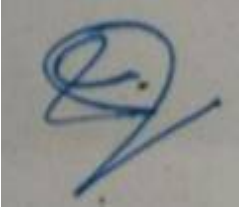

## Oral Surgery


Infection control in the Oral Maxillofacial Surgery Clinic entails adherence to standard precautions and principles of asepsis when treating patients and handling instruments and equipment. The main objective of maintaining sterility during oral and maxillofacial surgery procedures is to prevent microorganisms from the surgical staff or other patients from entering the patient's wound. In practice, there are the surgical and medical aseptic techniques are dictated by the nature of the procedure.

## Surgical Asepsis

Surgical asepsis attempts to prevent microbes from entering a wound. It requires a more strict sterile technique than medical asepsis, also called the clean technique, and close cooperation among the health care team members. It is commonly used for placing certain maxillofacial implants, any surgical procedure with a skin incision, for wound care in fractures and skin lacerations in the clinic, and for performing surgeries in the operating room. Basic rules of sterile technique include:

1. Keeping sterile personnel well within the sterile area
2. Keeping talking during the surgery to a minimum
3. Keeping excessive movements of team members to a minimum
4. Avoiding reaching over the sterile field
5. Requiring sterile team members to face each other and/or the sterile field
6. Sterilizing all instruments and equipment that enter the sterile field

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7. Preventing breaks in sterile technique (i.e. non-sterile team members handling sterile instruments)

8. Requiring that if the sterility of an item is in question, the item must be considered contaminated

9. Requiring tables covered with sterile drapes to be considered sterile only at table height

10. Considering gowns to be sterile only in front of the chest area to table level and the sleeves to two inches above the elbows




11. A sterile field can become contaminated by becoming wet and the underlying area is unsterile.

12. Prohibiting non-sterile personnel to pass between two sterile areas.


Prior to the procedure, the surgical team changes from uniform or street clothes into surgical scrubs. Scalp hair is covered with a cap. A mask covering the nose and mouth is worn. For eye protection, glasses with side shields or safety glasses or mask with face shield are worn. If a handpiece is used, appropriate eyewear should be worn. All jewelry should be removed before scrubbing the hands and arms. Artificial nails should not be worn. The hands and forearms up to about 5 cm above the elbows are scrubbed with a disposable brush soaked with Betadine or other antimicrobial solution, such as chlorhexidine, following the Operating Room adopted scrub protocol to lessen the surface bacterial level. Routinely, it calls for removing debris from under the nails with the use of a nail cleaner under running water, twenty firm strokes of scrubbing on each surface of the hand, and ten strokes on each surface of the forearm. The hands and arms are dried with a sterile towel before donning a sterile gown and gloves.

### MEDICAL ASEPSIS

Medical Asepsis (clean technique) attempts to keep patients, the care providers and objects as free as possible from pathogens and is used during routine office-based

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procedures such as extraction of teeth, biopsy of intra-oral tissue, irrigation of extraction sites, mounting and removal of appliances etc. The dental staff can wear clean uniform or street clothes underneath a long sleeved protective gown for these procedures. A mask with a face shield or safety glasses with side shields is also worn.

Hands are washed with antiseptic soap and dried on a disposable paper towel before gloving. Disposable clean gloves are used.

### Instrumentation

There are three different sets of instruments contained in cassettes used in the Oral and Maxillofacial Surgery Clinic:




- (1) simple extraction sets,
- (2) surgical extraction sets and
- (3) biopsy sets.


Each cassette of soiled instruments must be cleaned after each procedure in the clinic before it is sent to the Theatre Sterile Supply Room for sterilization. All cassettes for extractions and biopsies are wrapped in double layers of papers prior to sterilization. Other instruments used for minor procedures and single pieces such as dental mirrors, suture scissors, forceps, suction tips, etc., are cleaned, packaged and autoclaved .

### Instrument Set-up

The following steps and precautions are taken in setting up instruments for use during procedures.

1. Gather sterile supplies such as sutures, the scalpel blade, the dental needle, the suction tubing, the irrigation syringe and tip, a cup for sterile saline for irrigation, a bite block and sterile gauzes. Remove the wrapping from the supplies in a sterile fashion by carefully peeling open from one end without touching the inside content before dropping it onto the draped in a tray.
2. Place the instrument pack, grasp the corners of the sterile package and open out the edges without touching the interior of wrapping paper and instruments. Tuck the

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excess wrapping material under the tray. Open the cassette and leave the lid aside on a nearby stand.

3. Put on a pair of clean gloves for arranging the instruments and supplies when getting ready for a procedure.




5. Clean linen serves as a protective drape over the patient's clothing when placed across the patient's chest, as well as a clean work area for the surgeon.


### Care of Instruments/Cassettes/ Tray

All soiled instruments are rinsed initially under running cold water to rid them of gross debris. Instruments should then be immediately soaked in an appropriate enzymatic solution or Soap water. Precautions are taken to separate the sharp and pointed instruments to avoid a needle stick accident. A pair of heavy duty latex gloves must be worn by the handler for extra protection. Each heavily contaminated instrument should be scrubbed with a stiff nylon-bristle brush saturated with the soap water .

Particular attention should be made to any cutting edges, contact areas, the teeth and grooves in beaks of instruments. Instruments are then rinsed under running water. The suction tip is cleaned with a pipe cleaner saturated with enzyme solution and rinsed thoroughly. All the instruments are then returned to the cassette and carefully put in the ultrasonic washer containing enzyme solution. The washer is turned on for 20 minutes. After this is done the instruments are rinsed and then wrapped .The cassette/tray is closed shut and taped on the outside to prevent the lid from springing open. The cassette/tray is placed in the autoclave.

Single instruments requiring sterilization are rinsed before being placed in a holding solution. Throughout the day, they are scrubbed, rinsed and dried before they are packaged in a peel- pack wrapper ready for sterilization. The wrapper consists of two layers of materials: one paper, the other cellophane. On the outside of the steam wrap there are indicators. When exposed to sterilizing temperature these areas darken and the chemical indicators are kept.

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### Operatory Preparation and Disinfection

1. Head cover: A large single-use paper cover is placed over the headrest and changed between patients.

2. Plastic barriers and then small strips of sterilized aluminum foil are placed over the light handles for light manipulation without cross-contaminating patients and staff members.




3. Nasal mask and tubings: For nitrous oxide sedation, a clean disposable nasal mask is attached to a set of tubing connecting to tubes leading from the oxygen and nitrous oxide machine and from the patient to a scavenger system. **It collects the patient's expired air and any excessive nitrous oxide gas to a wallmount exhaust system.** A plastic bag barrier is placed over the nitrous oxide unit. After the nitrous procedure, the nasal mask is discarded and the connecting tubing is washed with a disinfectant and then sterilized


4. Oxygen nasal cannula: the disposable plastic cannula is attachable to a wall-mount unit connected to the oxygen supply source for patients with cardiac or respiratory problems.

5. Suctioning apparatus: The suction is turned on with clean gloves. The suction tube is connected to a canister which is hooked to the wall-mount vacuum system that derives its pressure from the water main. The proximal end of the tube is connected to a suction tip for evacuating blood and saliva or drainage from the patient's mouth or wound. The tubing and canister are discarded after each use.

6. Hand pieces: The hand piece is sterilized separately in the clinic after each patient. All burs are to be disposed of after use. They are to be considered sharps and should be placed in the rigid sharps container.

7. Soap dispensers are at each sink and will be filled with the hospital approved antimicrobial soap provided.

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8. Disinfection of the operatory: Throughout the day, the dental chair is disinfected between procedures. Other surfaces not directly in contact with patients, such as the light, the counter top, the wall unit panels and tubings, etc., are disinfected at the end of the day with disinfectant. The sink, the floor and the waste container are maintained by housekeeping.

### Cleaning

- Clean floors with warm water detergent. Scrubbing floors including walls up to 3 meters should be done at least once in a week. No broom should be use.
- Wipe operation table end all non-clinical equipment to remove dust. Allow it to air dry.
- All the clinical equipment including anesthesia trolley should be disinfected by wiping with alcohol based solution.
- Periodic Servicing and cleaning of other equipment including air-conditioners (particularly air-filters) should be regularly done.

### FUMIGATION OR FOGGING

#### Circumstances for Fumigation




Fumigation of high risk areas -OT shall be done in the following circumstances:


- Newly constructed / repair activity undertaken recently in that area.
- In any other circumstances where fumigation is required e.g. after surgery on infectiouscases or major spills of faecal matter.
- Routinely: Once a month depending on the nature of civil infrastructure, no of surgical cases and movement of staff and equipment.
- Area not used for long duration before its usage needs to be fumigated.
- High occupancy areas when found vacant needs to be fumigated.

#### Method of Fumigation

#### Precautions

- Adequate care must be taken by wearing various Personal Protective Equipment (PPE) like cap, mask, foot cover, spectacle etc.
- Paste a warning notice on the front door indicating fumigation/fogging is in progress.

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### Pre-fumigation procedures




- Remove any contamination with 0.5 % chlorine solution and any other article that is likely to be damaged by fumigation.
- Clean the area (windows, doors, floor, walls, surgery table and all washable equipment) thoroughly with soap and water.
- Close windows and ventilators tightly. If any openings found, seal it with cellophane tape or other material to avoid the leak of fume.
- Switch off all lights, Air Conditioner (AC) and other electrical and electronic items and method Preparation
- Calculate the room size (surgical theatre only) in cubic feet (LxBxH) and calculate the required amount of environmental disinfectant preferably non formalin compounds like hydrogen peroxide + silver nitrate solutions as per the manufacturer's instructions. Formaldehyde is irritant to eyes and nose and it has also been recognized as a potential carcinogen.


### Fumigation procedure

- It is to be carried out as per the manufacturer's instructions depending the size of room and the type of environmental disinfectant used e.g. Hydrogen peroxide + Silver nitrate solution, Hydrogen peroxide + Silver nitrate solution, or Lysoformin

considered bio- medical waste. Dispose of it promptly during treatment in the plastic waste bags at the treatment room and after completion of treatment in the main waste receptacle (red bag) in the clinic. The following protocol may be used.

1. Remove gloves and wash hands immediately.
2. Complete entries on all forms and records relating to the treatment and dismiss the patient.
3. Put on gloves before beginning clean-up.
4. Remove barriers from apparatus and items from the dispensary. Clean and disinfect as necessary.
5. Remove all disposables and discard.
6. Discard needles, such as anesthetic and suture needles, and any single use disposable sharp instruments such as scalpel blades, broken instruments, dull or broken burs, or any non-

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reusable sharp that could puncture skin, into the rigid biohazard sharps container. The container is located on the wall of the treatment room.




7. The dental staff will address contaminated instruments by submerging them in a holding solution. If necessary, instruments can also be carefully cleaned with a scrub brush. Following the scrub brush method, the instrument is replaced in the appropriate slot in the dental cassette. The cassette is closed and secured with a rubber band. Staff will also determine if there are broken or missing instruments which require replacement. Once the inspection procedure is complete, staff sends the cassette out for sterilization. Rationale: This procedure is an initial step in the decontamination process. The primary reason for initially placing instruments in a liquid chemical germicide (or water) is to keep the instruments from drying prior to cleaning and sterilization procedures. Although placement in a liquid chemical germicide will lower the number of microorganisms present on the instruments and equipment, these instruments must be considered contaminated. Gloves must be worn by workers handling these items. This step does not achieve high-level disinfection or sterilization of instruments and equipment. Instruments must be cleaned and sterilized before re-use with another patient.


## 9. SAFE INJECTION PRACTICES

### INJECTION SAFETY

Injection safety or safe injection practices, is a set of measures taken to protect patients, HCW, bio medical waste handlers and general community. Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another or between a patient and healthcare provider, and also to prevent harms such as needle stick injuries.

**The best practices for safe injections include:**

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- Use sterile injection equipment preferably Auto Disable (AD) injection equipment one time use
- Prevent contamination of injection equipment and medications.
- Prevent Needle Stick Injuries (NSI) to the provider.
- Prevent access to used syringes and needles to avoid reuse.
- Maintaining hand hygiene all the times.
- Ensuring skin integrity of the provider.
- Using gloves.
- Swabbing vial tops or ampoules.
- Adequate site preparation of patient.


To ensure injection safety, the following Five "A" are recommended while administering injections:

- Appropriate indication.
- Appropriate molecule/drug.
- Appropriate patient.
- Appropriate patient information.
- Appropriate evaluation.

#### Types of medication containers and recommendations on their use

Type of container	Recommendations	Reason
Single-dose vial	Preferred	Low likelihood of contamination
Multiple-dose vial	Only if unavoidable	High likelihood of contamination if aseptic technique is not followed




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Type of container	Recommendations	Reason
Ampoules	Pop-open preferred	Breaking a glass ampoule may result in particulate matter escaping from the vial, it may also injure the person opening the ampoule
Fluid or solution bags (100—1000 ml) for reconstitution	Not recommended for routine injection	High likelihood of contamination
Pre filled saline flush syringes	Preferred for all types of flushing needs	Specially developed for flushing

### Key points to remember for injection administration

- DO NOT allow the needle to touch any contaminated surface
- DO NOT reuse a syringe, even if the needle is changed.
- DO NOT touch the needles.
- DO NOT touch the diaphragm of the injection vial after disinfection with the 60—70% alcohol (isopropyl alcohol or ethanol).
- DO NOT use same needle more than once in multidose vials.
- DO NOT re-enter a vial with a needle or syringe used on a patient to withdraw medication again.
- DO NOT use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- DO NOT use a single loaded syringe to administer medication to several patients.

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- DO NOT change the needle in order to reuse the syringe.
- DO NOT use the same mixing syringe to reconstitute several vials.
- DO NOT combine leftover medications for later use.




Do's	Don'ts
<ul style="list-style-type: none"> <li>• Maintain hand hygiene (use liquid soap and water or ABHR).</li> <li>• Use alcohol swab to clean the site for injection and plain sterile swab for vaccinations.</li> <li>• Use a single-use device for blood sampling and drawing.</li> <li>• Do disinfect the skin at the venipuncture site.</li> <li>• After giving injection, if using reuse prevention syringe, break the plunger of syringe and needle through hub cutter.</li> <li>• where recapping of a needle is unavoidable, do use the one-hand scoop technique.</li> <li>• Seal the sharps container with a tamper-proof lid.</li> <li>• Ensure One needle, One syringe and One patient.</li> <li>• Take post exposure prophylaxis, in case of needle stick injuries and blood &amp; body fluid splash.</li> <li>• Do report to higher authority for PEP.</li> </ul>	<ul style="list-style-type: none"> <li>• Don't forget to clean your hands.</li> <li>• Don't pre soak cotton wool in a container.</li> <li>• Don't re use a syringe, needle or lancet for more than one patient.</li> <li>• Don't use a single loaded syringe to administer medication to serial patients.</li> <li>• Don't touch the puncture site after disinfecting it.</li> <li>• Don't change the needle in order to reuse the syringe.</li> <li>• Don't use the same mixing syringe to reconstitute serial vials.</li> <li>• Don't leave an unprotected needle lying outside anywhere.</li> <li>• Don't recap a needle using both hands.</li> <li>• Don't overfill or decant a sharps container.</li> <li>• Don't delay PEP for HIV beyond 72 hours, after that PEP for HIV is NOT effective</li> <li>• Don't suck blood from the site of needle prick and don't squeeze out the blood.</li> </ul>


## 10. HANDLING OF SHARPS:

### HANDLING OF SYRINGES AND NEEDLES

#### DISPOSAL OF SHARPS:

- Needles are cut then the remaining part of the needle to be put in the containers of white color Puncture proof, Leak proof, tamper proof containers. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps.

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- **Glassware:** Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes are discarded in puncture proof containers with blue colored marking and metallic implant.

Do's	Don'ts
<ul style="list-style-type: none"> <li>• Pass syringes and needles in a tray preferably cut it with needle Cutters.</li> </ul>	<ul style="list-style-type: none"> <li>• Pass syringes and needles hand to hand, preferably cut it with needle Cutters at the point of use.</li> </ul>
<ul style="list-style-type: none"> <li>• Put needle and syringes in 1% hypochlorite solution</li> </ul>	<ul style="list-style-type: none"> <li>• Do not bend / or break used needle with hands</li> </ul>
<ul style="list-style-type: none"> <li>• Remove cap of needle near the point of use.</li> </ul>	<ul style="list-style-type: none"> <li>• Never test the fineness of the needle's tip before use with bare or gloved hand.</li> </ul>
<ul style="list-style-type: none"> <li>• Pick up open needle from tray/drum with forceps.</li> </ul>	<ul style="list-style-type: none"> <li>• Never pick up open needle by hand.</li> </ul>
<ul style="list-style-type: none"> <li>• Destroy syringes by cutting their nozzle</li> </ul>	

#### PREVENTION OF INJURY WITH SHARPS:




Sharps injuries commonly occur during use of needles and surgical instruments and after use during disposal.


#### PRECAUTIONS TO BE OBSERVED:

- Needles should not be recapped, bent or broken by hand.
- Disposable needles & other metal sharps should be discarded into white (translucent) Puncture proof, Leak proof, tamper proof containers at the site of procedure.
- Sharps should not be passed from one HCW (Health Care Worker) to another. The person using the equipment should discard it. If necessary, a tray can be used to transport sharps.
- All sharps containers to be discarded when 3/4ths full.

#### PREVENTION OF OCCUPATIONAL EXPOSURE

- Blood and body fluids and the materials contaminated with them are considered infectious for HIV, HBV, HCV and other blood borne pathogens
- Use appropriate barrier precautions to prevent the exposure to the skin and the mucous membrane wear gloves, gown/apron, cap mask, goggles while handling these potentially infectious materials
- Take special care while handling sharps ( needle , lancets, scalpel) to avoid injury
  - Avoid unnecessary use of sharps and needles




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- Disposable needles should be used
- Handle hollow bore needle with care as it may lead to deep injuries
- Use disposable material
- Use gloves (industrial) when handling sharps.
- Do not recap needles.
- Never break or bend the needles with hands
- Never manipulate any sharp that involves directing the point of a needle toward any part of the body.
- Never pass sharps from one person to another person directly
- Dispose of sharps immediately into a hospital approved puncture proof, leak proof, tamper proof containers
- Thorough hand wash after removing gloves, handling infectious materials, leaving the lab, immediately after any contamination of skin surfaces
- Cover all cuts and abrasions with waterproof dressings.
- Follow needle stick and sharps injury guideline in case of injury from needles or sharps.
- HCWs with skin conditions must seek the advice of an Infection Control Nurse.
- Immunization of HCWs against Hepatitis B vaccine

### 11. OCCUPATIONAL EXPOSURE AND POST EXPOSURE PROPHYLAXIS

Occurrence of occupational exposure to the health care workers to some blood borne viral pathogens like HBV, HIV, HCV etc ways of minimizing and preventing such exposures and need of prompt institution of post exposure prophylaxis (PEP) after such exposures. An exposure that may place HCP at risk of blood borne pathogens are a percutaneous injury( needle stick injury or cut with a sharp , contact with mucous membrane of eye or mouth, contact with non intact skin like abraded, chapped or afflicted with dermatitis, contact with intact skin when duration is prolonged several minutes or more with blood or other potentially infectiuous body fluids. Potentially infectious body fluids include blood, semen, vaginal fluid, cerebrospinal fluid, pericardial fluid, synovial fluid, peritoneal fluid, amniotic fluid and any other fluids contaminated with blood. Fluid which are not potentially infectious unless visibly contaminated with blood are faeces, urine, , vomitus, saliva, sputum, sweat ,

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tears. Any direct contact without barrier protection with concentrated virus in research laboratory and production facility also requires evaluation.

**FACTORS AFFECTING RISK OF INFECTION**

- Type of needle ( hollow bore vs solid)
- Device visibly contaminated with blood
- Depth of injury
- Amount of blood involved in the exposure
- Amount of virus / viral load in the blood /body fluid at the time of exposure
- Timely (< 2 hours and upto 72 hours) availability of PEP and efficacy of PEP

**RESPONSIBILITIES:** Infection Control Nurse, Nurse In charge




**GUIDELINE INSTRUCTION:**


Needle stick injuries are as a result of following:

- Unsafe injection practices
- During mutilation
- During recapping of needles
- During suturing
- Movement of patient
- Collection & Transportation of Biomedical Waste or through accidental prick from needles fallen on floor

Steps to be followed after the prick (First Aid)

- Do not panic.
- Wash it in running water.
- Wash the part with soap and water immediately
- Cover with sterile dressing
- Inform Infection control nurse
- Inform to higher authority
- Refer to ART centre in the Civil Hospital and seek the treatment as per protocol.
- Reporting of the all Needle stick injury data shall be done through infection control nurse on monthly basis to relevant committees.

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Potentially infectious body fluids		
Exposure to body fluids considered 'at risk'	Exposure to body fluids considered 'not at risk'	
Blood Semen Vaginal secretions Cerebrospinal fluid Synovial, pleural, peritoneal, pericardial fluid Amniotic fluid Other body fluids contaminated with visible blood	Tears sweat Urine and faeces Saliva	<i>unless these secretions contain visible blood</i>

#### MANAGEMENT OF POST EXPOSURE

- First aid
- Risk assessment
- Informed consent and counselling
- Decision of prophylactic treatment of HIV and HBV
- Monitoring and follow up of HIV, HBC and HCV status
- Documentation and recording of the exposure

#### MANAGEMENT OF EXPOSURE SITE: FIRST AID

**For skin-** If the skin is broken after a needle-stick or sharp instrument: immediately wash the wound and surrounding skin with water and soap, and rinse. Do not scrub. Do not use antiseptics or skin washes (bleach, chlorine, alcohol, betadine).


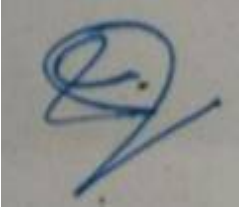

**After a splash of blood or body fluids:**


**To unbroken skin**

- Wash the area immediately
- Do not use antiseptics

**For the eye:**

- Irrigate exposed eye immediately with water or normal saline.

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- Sit in a chair, tilt head back and ask a colleague to gently pour water or normal saline over the eye.
- If wearing contact lens, leave them in place while irrigating, as they form a barrier over the eye and will help protect it.
- Once the eye is cleaned, remove the contact lens and clean them in the normal manner. This will make them safe to wear again.
- Do not use soap or disinfectant on the eye.

**For mouth:**

- Spit fluid out immediately.
- Rinse the mouth thoroughly, using water or saline and spit again. Repeat this process several times.
- Do not use soap or disinfectant in the mouth.
  - Consult the designated ART physician of the institution for management of the exposure immediately.

**SUMMARY OF DO'S AND DON'TS**




DO'S	DON'T
Remove gloves as appropriate	Don't panic
Wash the exposed site with running water	Don't put the picked finger in mouth
Irrigate with water or saline if eyes and mouth be exposed	Don't squeeze wound to bleed it
Wash the skin with soap and water and immediately contact the ART center	Don't use bleach, chlorine, alcohol, betadine, iodine, or other antiseptics/ detergents on the wound.


Incidence is reported in Needle Stick Injury reporting form for the reporting of the needle stick injury. Reporting of the all Needle stick injury data shall be done through infection control nurse on monthly basis to relevant committees.

**ASSESSMENT OF INFECTION RISK**

It is done by the ART physician for the HIV and HBV transmission following an accidental exposure to the blood (AEB). The assessment must be quick so as to start treatment/prophylaxis without any delay

After AEB percutaneous the risk of exposure for HIV is 0.3 % in an average rate. The risk of transmission is directly proportional to the amount of HIV transmitted which depends on the nature of exposure and the status of the source patients

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### ASSESSING NATURE OF EXPOSURE

Category	Definition and example
Mild Exposure	Mucus membrane/non-intact skin with small volume, e.g., a superficial wound (erosion of the epidermis) with a plain or low calibre needle; contact with the eyes or mucous membranes; subcutaneous injections following small bore needles.
Moderate Exposure	Mucus membrane/non-intact skin with large volumes or percutaneous superficial exposure with solid needle (e.g., a cut or needle stick injury penetrating gloves).
Severe Exposure	Percutaneous with large volume, e.g., an accident with wide bore needle (>18G) visibly contaminated with blood; a deep wound (haemorrhagic wound and/or very painful); transmission of a significant volume of blood; an accidental injury with material, which has previously been used intravenously or intra-arterially.

### ASSESSING THE HIV STATUS OF THE SOURCE OF INFECTION EVALUATION OF SOURCE

- If the HIV status of the patient is known and confirmed negative PEP not required
- If the status of the patient is unknown and neither the patient nor his/her blood is valuable for testing, then the choice of whether to use PEP and what regimen will depend upon the severity of the wound and how much is known about the individual's HIV risk history
- If the status of the patient is unknown and the patient is available he is to be counseled and consent obtained for testing
- If the patient refuses testing and the blood sample is available for testing it is the right of the exposed person that the blood sample be tested but the source patient may decline to be informed of the result
- If the patient refuses counseling and testing and no blood sample is available for testing it is the right of the exposed person to ask for the blood sample to be tested but the source patient may decline to be informed of the result. Under no circumstances the source patient is charged for the test
- If the patient is known to be HIV positive, two factors are considered
  - Whether the patient is ART drug naïve

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○ Whether he or she is on ART and whether the patient is likely to have a high viral load , as determined by testing if available or clinical signs and symptoms




- Low risk –asymptomatic , or viral load less than 400 copies/ml
- High risk-symptomatic with OIs, AIDS, acute seroconversion or high viral load
- In case of high risk exposure from a source patient on ARTs, consult ART physician to choose the appropriate regimen if the drug resistance is high

**ASSESSING THE HIV STATUS OF SOURCE OF EXPOSURE**


HIV status of the source	Definition of risk in source
HIV negative	Source is not HIV infected (but consider HBV and HCV)
Low risk	HIV positive and clinically asymptomatic
High risk	HIV positive and clinically symptomatic
Unknown	Status of the patient is unknown and neither the patient nor his/her blood is available for testing

**INFORMED CONSENT AND COUNSELLING**

All the exposed person must be counseled and informed about the PEP . Exposed persons must receive the information about the risk and benefits of the PEP medications. PEP is not essential. The documentation of the exposure is essential. For the PEP the consent form must be signed . If refused then must be documented. The document of PEP and follow ups to be maintained

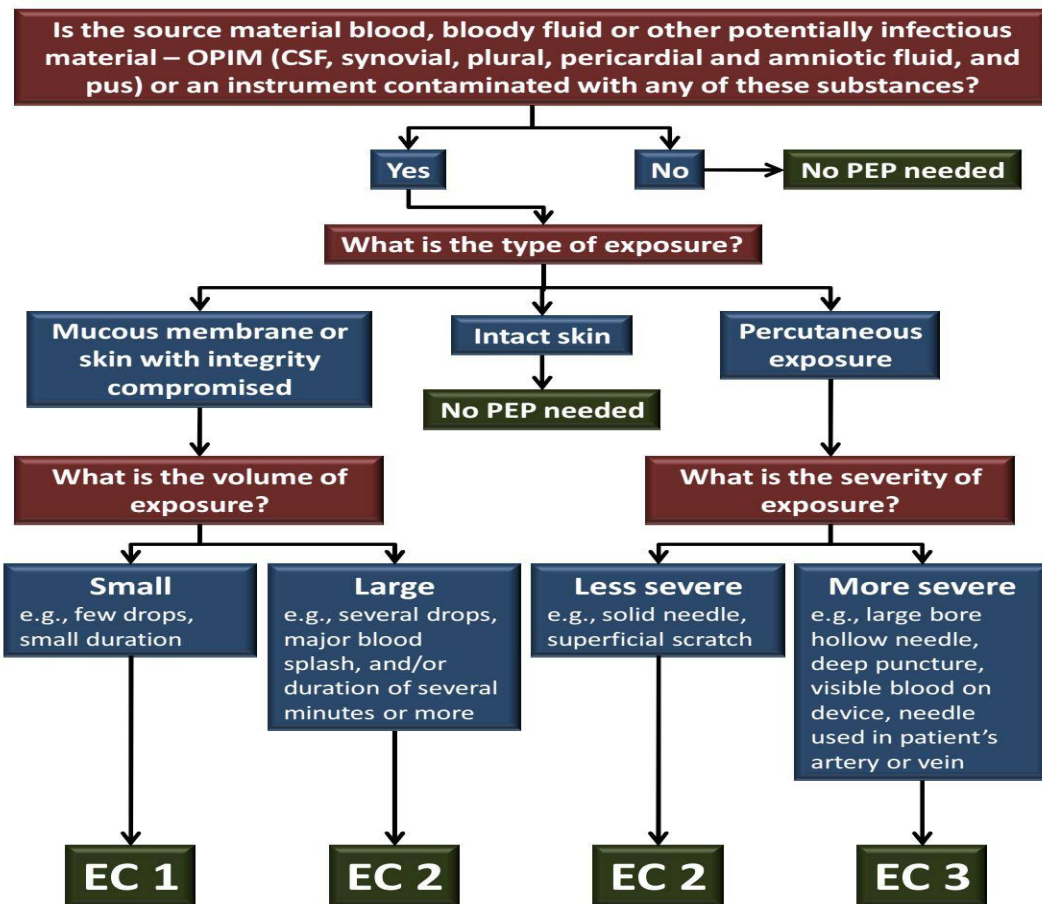
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## Post Exposure Prophylaxis – NACO Guidelines

**Figure 1: Determination of Exposure Code (EC)**

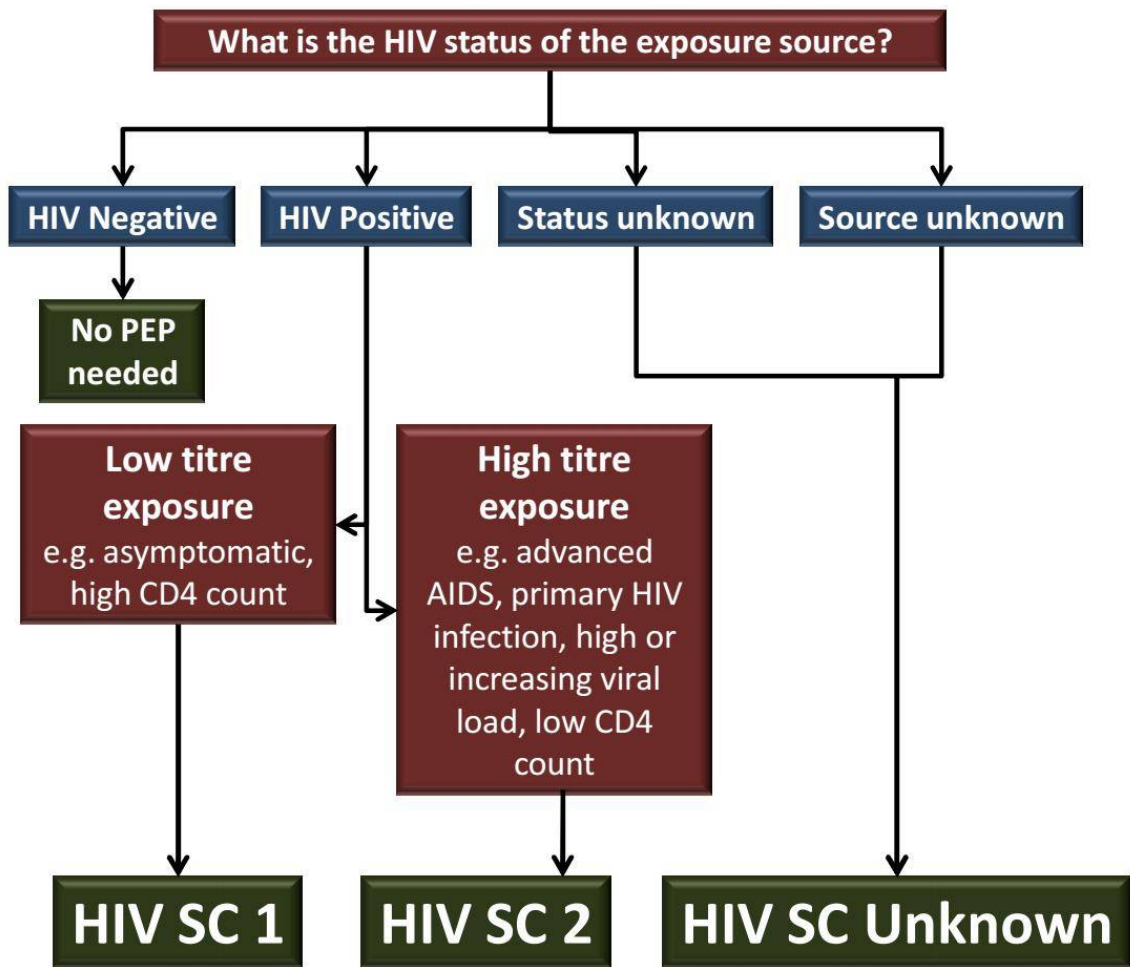





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## Post Exposure Prophylaxis – NACO Guidelines

**Figure 2: Determination of HIV Status Code (EC)**






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## Post Exposure Prophylaxis – NACO Guidelines

### Determining PEP recommendation

EC	HIV SC	PEP Recommendation
1	1	<b>PEP may not be warranted.</b> Exposure type does not pose a known risk for HIV transmission. Whether the risk for drug toxicity outweighs the benefit of PEP should be decided by the exposed HCW and treating clinician.
1	2	<b>Consider basic regimen.</b> Exposure type poses a negligible risk for HIV transmission. A high HIV titre in the source may justify consideration of PEP. Decision should be taken by the exposed HCW and treating clinician.
2	1	<b>Recommended basic regimen.</b> Most HIV exposures are in this category. No increased risk for HIV transmission has been observed but use of PEP is appropriate.
2	2	<b>Recommended expanded regimen.</b> There is an increased risk of HIV transmission.
2/ 3	Unk no wn	<b>Consider basic regimen.</b> If the source (in case of an unknown source), and the setting where the exposure occurred suggests a possible risk for HIV exposure, PEP basic regimen can be considered.

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## Post Exposure Prophylaxis – NACO Guidelines

**PEP must be initiated as soon as possible, preferably within 2 hours but not later than 72 hours.**  
**PEP drugs should be taken for 28 days.**

<h3>Basic Regimen</h3>	<ul style="list-style-type: none"> <li>Zidovudine (AZT) – 600 mg in divided doses (300 mg twice a day or 200 mg thrice a day AND</li> <li>Lamivudine (3TC) – 150 mg twice a day</li> </ul>
<h3>Expanded Regimen</h3>	<ul style="list-style-type: none"> <li>Basic regimen AND</li> <li>Indinavir (800 mg thrice a day) or Nelfinavir (750 mg thrice a day)</li> </ul>

## HIV test and PEP regimen

Baseline HIV test of the HCW should be done at the time of exposure and repeated at 6 weeks following exposure.  
 If second test is also negative, HIV test to be repeated 12 weeks following exposure.

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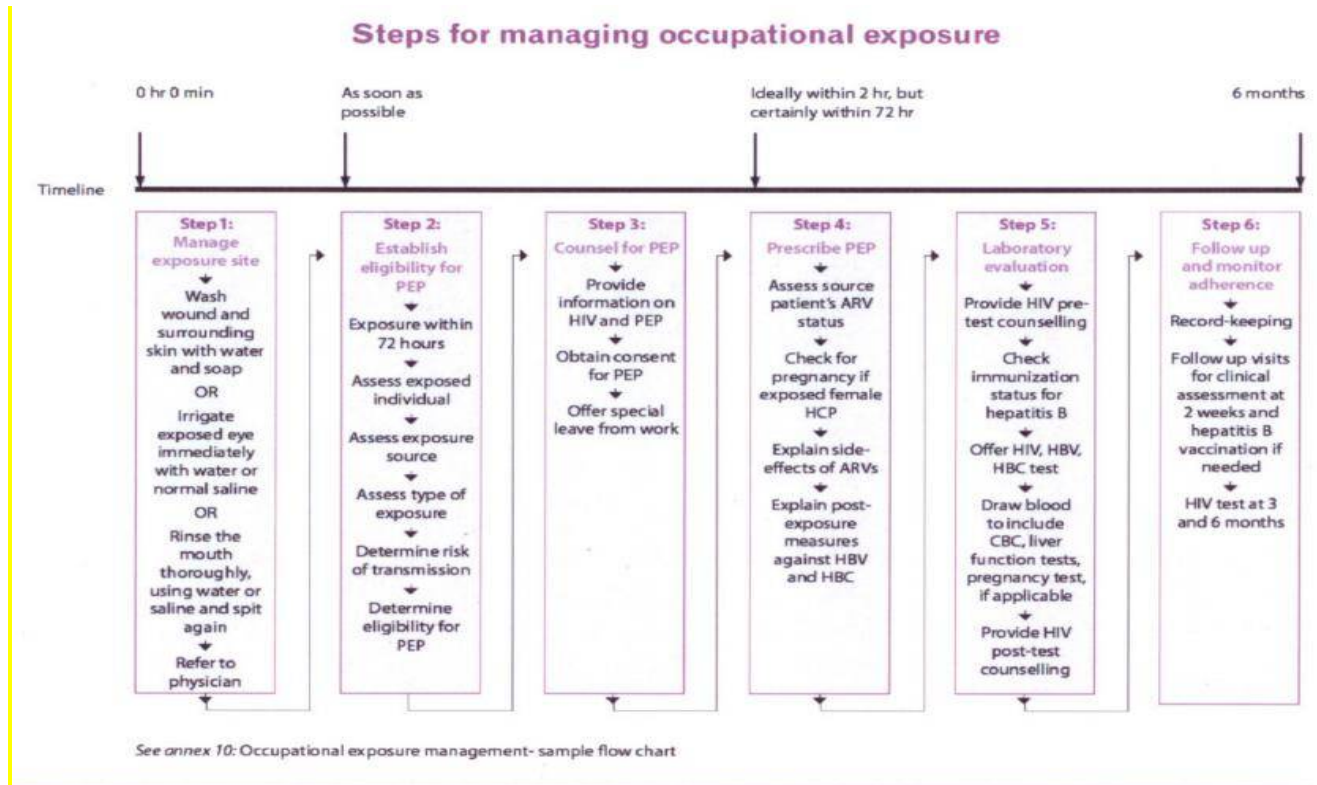
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**• PROPHYLAXIS FOR HEPATITIS B:**

Vaccination status of HCW	HBsAg positive source	Source HBsAg status unknown
Unvaccinated	HBIG(0.06 ml/kg IM) + Vaccine series*	HBV vaccine Series
Vaccinated Responder **	No Rx	No Rx
Vaccinated non responder	HBIG x 1 + vaccine series OR	Treat as source positive if high risk***

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	<b>HBIG x 2</b>	
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\*Immediate Vaccine – (within 7 days) Along with HBIG (0.06 ml/Kg), Vaccine series (3 doses at 0,1 and 6 months+ Booster Dose ), \*\*Vaccinated Responder-Antibody for Hepatitis B >10 MIU/ml,\*\* \*Treat as HBsAg Positive source

If health care worker has adequate anti HBs titre ->100 MIU- only reassurance need be given. If titre is <10 give first dose of vaccine and immunoglobulin 1000units. Advise to complete vaccination, If titre is between 10& 100 MIU give booster. In case patient is negative, check anti HBs titre and proceed accordingly.

**HEPATITIS C PROPHYLAXIS**-In case source is HCV positive test HCW for Anti HCV antibodies and baseline serum ALT. Follow up recommended at 1,3, & 6 months and refer to a Hepatologist .

## 12. CLEANING STERILIZATION & DISINFECTION

### DEFINITION

#### CLEANING

Physical removal of organic matter prior to killing the microbes. Organic material can interfere with the action of the disinfectants and sterilants and prevent adequate penetration. Cleaning with soap / detergent and water must precede disinfection/ sterilization.


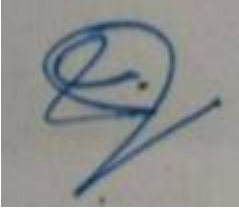

#### DISINFECTION


Disinfection is a process where most microbes are removed from defined object or surface, except bacterial endospores. This uses chemical agents or heat to reduce the number of viable organisms. It may not necessarily inactivate all viruses and bacterial spores. All objects should be cleaned thoroughly with warm water and detergent prior to disinfection

#### STERILIZATION:

Sterilization means the removal of all microorganisms. Heat sterilization is the cheapest, safest, and the most effective method of sterilization. Cold sterilization should only be used on heat-sensitive items such as endoscopes. This ensures that the object is free from viable microorganism including bacterial spores.


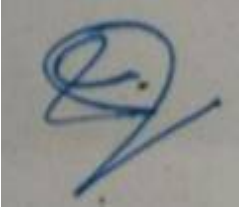

#### GENERAL GUIDELINES FOR DISINFECTION:


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Critical instruments /equipment (that are those penetrating skin or mucous membrane) should undergo sterilization before and after use. E.g. surgical instruments and implants  
Semi-critical instruments /equipment (that are those in contact with intact mucous membrane without penetration) should undergo high level disinfection (e.g. endoscope instruments) before use and intermediate level disinfection (e.g. thermometer) after use.

<b>HIGH RISK/ CRITICAL</b>	Equipment that: <ul style="list-style-type: none"> <li>Enters a sterile body cavity</li> <li>Penetrates the skin</li> <li>Touches a break in the skin or mucous membranes.</li> </ul>	Equipment must be cleaned and sterilized – fully decontaminated – before and after each patient use. It should be left in a sterile state for subsequent use.	Examples include surgical instruments.
<b>MEDIUM RISK/ SEMICRITICAL</b>	Equipment that touches intact skin or mucous membranes.	Equipment does not need to be sterile at the point of use but must be cleaned and sterilized or disinfected with high level disinfection between each patient and intermediate level disinfection after each use	Examples include a thermometer, respiratory equipment, gastrointestinal endoscope
<b>LOW RISK/ NON CRITICAL</b>	Equipment that does not touch broken skin or mucous	Equipment must be cleaned and/ or disinfected after	Examples include BP cuff, suction bottles, tourniquets

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	membranes, or is not in contact with patients.	use.	etc
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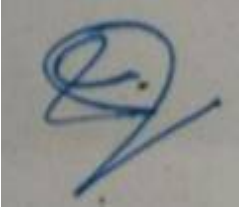

### **GUIDELINES FOR STERILIZATION, DISINFECTION, AND CLEANING**

- Processing, storage and distribution of supplies and equipment
- Sterilization, disinfections and antisepsis
- Agents for disinfections and antisepsis
- Methods for assuring adequate processing of inanimate objects like thermometer care
- Guidelines for sterilization /disinfection of scopes
- Biological monitoring of sterilizers
- Shelf life for sterilized items


### **PROCESSING, STORAGE AND DISTRIBUTION OF SUPPLIES AND EQUIPMENT**

Following are the list of policies and procedures to provide safe decontamination, sterilization, disinfection, storage and distribution, as well as monitoring of these activities. They include:

- Decontaminating , cleaning, preparing, and disinfecting procedures in the respective areas
- Receiving in the TSSU for sterilization
- Assembling, wrapping, sterilization , storage, distribution and quality control of sterile equipment and medical supplies;
- Use of sterilization process monitoring, including: temperature, pressure, chemical and biological(only for invasive procedures) indicator
- Packaging, storage and distribution safety;
- Shelf-life standards for in-house processed items and for commercially prepared articles/items, including those not designated with an expiration date;
- Preventative maintenance of all processing equipment;
- Recall and reprocessing or disposal of outdated items;

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- Emergency notification and disposition of items or supplies when warnings have been issued by the manufacturer or a government agency, or when an internal recall is needed due to possible processing failure;
- Mechanism for timely reporting to infection control department, treating consultant incharge of patient and hospital safety department of any emergency collection of possible contaminated or hazardous items.

Workflow, traffic and worker education provide for the separation of soiled and contaminated supplies from those, which are clean and sterile.

The staff is educated on the above policies and procedures, and how to perform these functions with safe work practices and appropriate Personal protective equipment, in order to prevent exposure to pathogens and protect patients from nosocomial infection.

#### TYPES OF STERILIZATION:




**Autoclave (moist heat)** - this is by far the most commonly used process and the most reliable. Moist heat penetrates and kills bacteria at temperatures lower than that required by dry heat. Steam penetrates best when air has been removed. The air is removed by (1) mechanical means, (2) downward displacement, and (3) pulse prevacuum, the latter of which is now the most commonly used method. The moisture content of the steam is very important, the optimum conditions for steam sterilization occurs when the steam is saturated (relative humidity = 100%). The packs of equipment should come out of the autoclave dry, if not, then the packs cannot be considered as sterile.


**Ethylene oxide** - ethylene oxide can be used to sterilize most articles that can withstand temperatures of 37°C & 55°C. However it must be used with extreme caution as it is extremely toxic and explosive. A long period of aeration is required to remove all traces of ethylene oxide – Sent to Civil Hospital Ahmedabad if needed

**Ultrasonic Washer:** This is used only for disinfecting the instruments through detergent, enzyme & lubricating. In the all clinical department.




#### PROCESS DETAILS:


S.NO	PROCEDURAL STEPS	RESPONSIBILITY
1	The Nurse In charge of all respective wards, operation theatre and OPD sends only clean items to TSSU which	Nursing Staff

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	require sterilization	
2	All items non disposable received from all areas handle are appropriately by discarding them as per BMW guidelines in their respective site of usage or preparing them for re-sterilization. Items includes the linen also	Nursing Staff
3	In Operating Rooms- After procedures equipment shall be collected & then cleaned with Tap water which is followed by dipping in liquid detergent. Additionally the equipment shall be washed by Ultrasonic cleaner by the Operating Room nurse. They are dried before sending to TSSU	Nursing Staff
4	Assessment (Counting), Preparation of the set & Trays according to the surgeries are done by operating room nurse	Nursing Staff
5	Finer instruments, needles, syringes, basins, trays and other precision items are cleaned manually or by washer disinfectant whenever required.	Nursing Staff
6	The Nursing staff is responsible for proper cleaning of reusable equipment. Some delicate and precision items having grooves or teeth shall require manual cleaning.	Nursing staff
7	A variety of instruments to be processed are appropriately handled. Sorting of used items is accomplished in the decontamination area prior to washing.	Nursing staff
8	Indicator strips are applied on the sets & trays.	Nursing Staff
9	TSSU receives all the items from the Non sterilization areas and make the entry in TSSU register	Nursing Staff
10	After sterilization Cycle TSSU nurse keep all the sterilized	Nursing Staff




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	equipment in Sterilized areas within the department.	
11	Items placed in the steam sterilizer which are dry are only used Damp or wet packages are considered unsterile and be reprocessed.	Nursing Staff
12	Universal Precautions and aseptic techniques are followed in all cleaning and packing activity being carried out .	Nursing Staff
13	Instrument or linen packs are kept in sterile conditions till the point of use. Shelf life is mentioned on the packs	Nursing Staff




**AGENTS AVAILABLE FOR ANTISEPTIC/ DISINFECTANTS/ SURFACE CLEANING**


CATEGORY	CONTENT	DILUTION AND USAGE
<b>Skin Preparation</b>		
Denatured Spirit	Iso propyl alcohol 70%	For skin antiseptis, dental chair unit disinfectant
Bactilium-Alcohol Based Hand Rub	Each 100 Gms. contains Isopropyl Alcohol IP-45Gms.N-Propanol-30gms. Macetronium ethylsulphate-0.2 gms. (Ethyl hexadecyl dimethyl Ammonium ethyl sulfate	<b>Hygienic hand rub:</b>  Over clean, take 3 ml apply dry hands and nail grooves for 30

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		seconds. <b>Surgical hand rub:</b> Pour 2 -5 ml & rub hands and forearms until dry for 2.5-3 min
Chlorhexidine Gluconate 4%	Chlorhexidine Gluconate 4%	<b>Hygienic hand rub:</b> Over clean, take 3 ml apply dry hands and nail grooves for 30 seconds. <b>Surgical hand rub:</b> Pour 2 -5 ml & rub hands and forearms until dry for 2.5-3 min

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Wasa soft	Aqua,SodiumLaurethsulphate,Sodiumchloride,AlcoholDenat,Disodium cocoam-Phodiaceatate,PEG-200 Glyceryl hydrogenated Palmitate,PEG-7Glyceryl Cocoate,Parfum,SorbicAcid,Citricacid,DibutylAdipate,CL 47005,CL42090	<b>Hygienic hand wash:</b> Apply enough soap to cover all hand surfaces Hand wash over 40-60 seconds <b>Surgical hand wash:</b> 5 to 10 ml Surgical hand wash duration 2-3 minutes each hand
Povidone-Iodine Solution IP- Betadine	Povidone – Iodine IP 5%W/V(0.5% W/V available iodine)purified water IP q.s.	Should be applied full strength, as open as a paint or wet soak
Hydrogen peroxide solution	100 % H2 O2	For wound cleaning
<b>Instrument Disinfectants</b>		
Ispropyl alcohol 70%		To clean thermometer & BP

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		apparatus and dental chair surface
Cetrimide + Chlohexidine Gluconate Soln	Cetrimide IP.15% W/V, Chlorhexidine Gluconate Sol.20%IP.7.5%v/V	Chemical Disinfection of Instruments-5ml in 100ml water
Ultra Rapid Multi-Enzyme Cleaner	Ethylene Glycol, Disodium tetraborate decahydrate, Sodium xylenesulphonate, Glycerol, 5-chloro-2-methyl-4-isothiazolin-3-one 2-Methyl-4-isothiazonil-3-one	Ultra Rapid Multi-Enzyme Cleaner  7ml in 1 litre of water  Instrument cleaning
<b>Environmental Disinfection</b>		
Lysoformin 3000	Didecyl dimethyl ammonium chloride, glutaral, glyoxal 20ml :1 liter water – Fogging	Using mainly for fogging, terminal surface and floor cleaning For instrument (flexible endoscope)
Lysol	Cresol IP 50%V/V, Soap solution QS	For wet mopping of


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		floors
Black Disinfectant	Phenyl	Toilet cleaning In 1 liter water use 80 ml
<b>Surface Cleaning Products</b>		
Sodium Hypochlorite	1% for spillage 0.5% Linen , equipment, surface cleaning	Using for spillage/ treatment of linen which is contaminated with blood/ body fluid, disinfection of nonmetallic equipment surfaces
Lysoformin 3000	Didecyl dimethyl ammonium chloride, glutaral, glyoxal 10ml: 1 liter water- Surface cleaning	Using mainly for fogging, terminal surface and floor cleaning

Note: Please dispose of all sharps in proper receptacle prior to transporting any used patient equipment to sterile processing. Please empty any liquids from container into sanitary system prior to transport of bowls, etc. to sterile processing.

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## METHODS OF ASSURING ADEQUATE PROCESSING OF INANIMATE OBJECTS IN THE HOSPITAL ENVIRONMENT

Patient-care objects

**Critical Items:** Those item that contact sterile tissue or the vascular system, or blood will flow through them. Items should be sterilized before each use. Item should be free of any microorganisms including bacterial spores.

### Sterilized in the hospital

- Example: Dental and Surgical instruments and devices; OT instruments, and implants  
Method: Shelf life for all items sterilized in the hospital is event related. Inspect package for breaches of integrity to ensure sterility before use. Follow manufacturer's instructions for each sterilizer or use recommended protocol. Sterilizer must be tested on a regular basis using acceptable biological/chemical indicators.
- Comment: Sterilization processes are designed to have a wide margin of safety. If spores are not killed, the sterilizer should be checked for proper use and function; if spore tests remain positive, discontinue use of the sterilizer and have it serviced.




### Purchased as sterile

- Example: Intravenous fluids; needles; syringes
- Method: Use before expiration date. Inspect package for integrity before use.
- Comment: Notify the purchase dept if factory-related (intrinsic) contamination is suspected.


**Semi-Critical Items:** Items that contact mucous membranes and non-intact skin. They should be free of most vegetative bacteria and at a minimum, shall receive high-level disinfection.

- Example: Dental Chair(Tray, light handles, switches, three way syringe , spittoons) , All diagnostic instruments and devices which will touch mucous membranes, except dental radiograph .
- Method: Follow a protocol for high-level liquid chemical disinfection. Chemical or mechanical monitoring shall be used to test the efficacy of these processes.
- Comment: These devices come in contact with mucous membranes. Resistant spores can remain after liquid chemical disinfection, but these are not usually pathogenic.

**Non-critical items:** Items that come in contact with intact skin.

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- Example: Dental chair( back rest, head rest), Bedpans; crutches; bed rails; water glasses; linens; bedside tables; blood pressure cuffs, dental radiographic units
- Method: Follow standard protocol for cleaning using cleaning disinfectant.
- Comment: These items will not usually come in contact with open skin or mucous membranes.

**Non-patient-care objects**

Adequate processing of non-patient-care objects is primarily aimed at protecting personnel and others who come in contact with these objects; sterility is not critical.

**Likely to be contaminated with virulent microorganisms**

- Example: Bench surfaces of dental clinics and laboratories handling patient specimens
- Method: Follow a standard protocol for cleaning, using a cleaning disinfectant
- Comment: Areas handling blood or microbiologic specimens are most important. For large volume spills and call ICN

**Unlikely to be contaminated with virulent microorganisms**




- Example: Areas not involved in patient care: offices, storage areas
- Method: Perform routine cleaning
- Comment: Cleaning is aimed mainly at improving the appearance of and providing a proper atmosphere in which to work as well as removing soil.


All items undergoing high-level disinfection and sterilization must first be thoroughly cleaned to remove all organic matter and residue.

**PROCESS SELECTION**

There are a number of principles that should be considered when selecting a process for sterilization or high-level disinfection of critical and semi-critical items. These principles include:

- Choose a process appropriate to the level of risk for infection (e.g. critical, semi-critical, etc.) with the highest margin of safety.
- Choose the process most compatible with the materials to be processed.
- Choose the process least toxic to health care workers involved in processing.
- Choose the process that is the fastest.
- Choose the process that is the most cost effective.
- Segregate into critical, semi-critical, or non-critical as per the definition above.

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- Segregate Critical items into "heat and moisture stable" or "heat and moisture sensitive" and select the appropriate process.
  - If heat and moisture stable, use steam sterilization.
    - High vacuum wrapped preferred
    - If not feasible then wrapped gravity preferred.
  - If heat and moisture sensitive, triage into "immersible" and "non-immersible"
    - Select process for immersible product
    - Select process for non-immersible products (including ETO).
- Segregate semi-critical items into "immersible" or "non-immersible" (Note: In some cases if the item is heat and moisture stable, steam autoclaving may be the most economic, expedient, and least toxic) option
  - Select the process for immersible products.
  - Select the process for non-immersible and partially immersible products (including ETO).


### DISINFECTION OF EQUIPMENT

Re-use instruments, tubing, etc only after decontamination and sterilization or decontamination, as appropriate. Do not touch equipment with soiled gloves or gloves used for patient care. Heavy soiled equipment may require additional cleaning with detergent and water. Gloves must be worn while cleaning the equipment.




### DISINFECTION TECHNIQUES FOR EQUIPMENTS & PATIENT CARE ARTICLES


ITEM	DISINFECTION GUIDELINE	RESPONSIBILITY
DENTAL INSTRUMENTS		Nurse On Duty

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1. Metal	Rinse free of any blood and secretions with water and send for autoclaving, to TSSU	
2. Heat sensitive (plastic or non-metal)	Clean thoroughly with detergent and water/ Disinfect after patient's discharge with bactilium / lysoformin 3000/ 70 % alcohol	
<b>Curtains</b>	Change & wash when visibly soiled and after every 15 days.	Sent to Laundry
<b>Urinal/ Bed Pan</b>	Wash with hot water/ detergent/ lysoformin 3000 for stainless steel and with 1% hypochlorite for 30 minutes for plastic and let it dry 3000 and let it dry.	Housekeeping Staff
<b>Kidney tray (Steel and plastic)</b>	Wash with hot water/ detergent/ disinfected with lysoformin 3000 for stainless steel and with 1% hypochlorite for 30 minutes for plastic and let it dry. Kidney tray used in operation theatre are cleaned and autoclaved	Nursing staff and CSSD Technician
<b>Mattress &amp; Pillow</b>	Clean with hospital approved detergent and water after transfer/ discharge/ death. In case of infectious patient clean with soak it in 0.5% hypochlorite for 30 minutes	Sent to Laundry
<b>Bed/ Bed Rails</b>	Clean with hospital approved detergent and water after discharge/death/ In case of infectious patient clean with hospital approved disinfectant lysoformin/alcohol solution	Housekeeping Staff
<b>Furniture (lockers, table, bed, wooden racks , chair etc)</b>	clean with 0.5% sodium Hypochlorite daily Iron racks are cleaned by lysoformin sol/ 0.5% hypochlorite solution	Housekeeping Staff
<b>Telephone, computer/keyboard, central monitor</b>	clean with 0.5% sodium Hypochlorite daily	Housekeeping Staff
<b>Nursing station and horizontal</b>	clean with 0.5% sodium Hypochlorite/ Lysoformin / in every shift	Housekeeping Staff

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<b>granite platforms</b>		
<b>OT table</b>	clean with 0.5 % hypochlorite Lysoformin / 0.5% in every day	Housekeeping Staff
<b>OT light</b>	clean with 0.5 % hypochlorite Lysoformin 3000 and its fixture Lysoformin 3000 with in every day	Housekeeping Staff
Mouth mirror	Autoclave	Nurse on Duty
Straight probe	Autoclave	Nurse on Duty
Periodontal probe	Autoclave	Nurse on Duty
Tweezer	Autoclave	Nurse on Duty
Kidney tray	Autoclave	Nurse on Duty
Cotton holder	Autoclave	Nurse on Duty
Dental chair and light	Spirit	Nurse on Duty
Impression trays ( metal/autoclavable plastic/perforated/non perforated)	Autoclave	Nurse on Duty
T-burnisher	Autoclave	Nurse on Duty
Wax knife	Autoclave	Nurse on Duty
Carver	Autoclave	Nurse on Duty
Hot plate	Spirit	Nurse on Duty
Divider	Autoclave	Nurse on Duty
Rubber bowl	Autoclave	Nurse on Duty
Glass slab	Spirit	Nurse on Duty
Dapen dish	Spirit	Nurse on Duty
Half round file	Autoclave	Nurse on Duty

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Mettalic scale	Autoclave	Nurse on Duty
Plaster spatula	Spirit	Nurse on Duty
Wax spatula	Spirit	Nurse on Duty
Cement spatula	Autoclave	Nurse on Duty
Agate spatula	Spirit	Nurse on Duty
Faux plane (metal)	Autoclave	Nurse on Duty
3 way syringe	Spirit	Nurse on Duty
Airrotor handpiece	Autoclave	Nurse on Duty
Micromotor handpiece	Spirit	Nurse on Duty
Denture trimming burs	Autoclave/spirit	Nurse on Duty
Crown remover	Autoclave	Nurse on Duty
Cord packer	Autoclave	Nurse on Duty
Tooth preparation bur kit	Autoclave/spirit	Nurse on Duty
Mettalic suction tip	Autoclave	Nurse on Duty
Scissors (straight and curved)	Autoclave	Nurse on Duty
Bp blade handle	Autoclave	Nurse on Duty
Periosteal elevator	Autoclave	Nurse on Duty
Tissue forceps	Autoclave	Nurse on Duty
Needle holder	Autoclave	Nurse on Duty
Physiodispenser hand piece	Autoclave	Nurse on Duty
Implant kit	Autoclave	Nurse on Duty

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Green cloth	Autoclave	Nurse on Duty
Gauze piece	Autoclave	Nurse on Duty
Articulator	Spirit	Nurse on Duty
All hand instruments (made of stainless steel or any metal)	Autoclaved /steam heat sterilization following decontamination cycle.	Nurse on Duty
Airrotor	Cleaned with alcohol based solution –dried-oiling of internal component –pouched-autoclaved	Nurse on Duty
Micromotor/endo motor/ultrasonic handpiece	Cleaned with alcohol based solution –dried-oiling of internal component –pouched-autoclaved	Nurse on Duty
Burs/G.G.Drill/Scaler tips/polishing cups and discs/rubberdam clamps ,forceps and punch	Cleaned with alcohol based solution- pouched and then autoclaved	Nurse on Duty
Endodontic files/reamers/spreaders/pluggers/broaches /paste carriers/post drills	Cleaned with alcohol based solution- pouched and then autoclaved	Nurse on Duty
Rubber dam sheet	Single use	Nurse on Duty
Rubber dam plastic frame	Chemical disinfection	Nurse on Duty
Pulp tester	Cleaned thoroughly with alcohol based solution	Nurse on Duty
Tip of pulp tester	Cleaned with alcohol based solution- pouched and then autoclaved	Nurse on Duty
Endobox-		Nurse on Duty
Crown remover -	Cleaned with alcohol based solution- pouched and then autoclaved	Nurse on Duty
Dapen dish / cotton holder	In between patients wiped with alcohol based solution and during intervals autoclaved	Nurse on Duty

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Glass slab and motor/pestle-	Cleaned with alcohol based solution	Nurse on Duty
Surgical instruments	Cleaned with alcohol based solution- autoclaved	Nurse on Duty
Kidney tray	Cleaned with alcohol based solution- autoclaved	Nurse on Duty
		Nurse on Duty
Agate Spatula-	Cleaned with alcohol based solution	Nurse on Duty
Electrosurgery unit electrodes-	Till 3 usage autoclaved and then discarded	Nurse on Duty
Electrosurgery unithandpiece	Chemical disinfectant and then autoclaved	Nurse on Duty
Garrison soft face rings tight 3D and 3DXR-	Autoclaved	Nurse on Duty
Matrix band garrison	Single use prior autoclaved and discarded after use	Nurse on Duty
Garrison forcep-	Autoclaved	Nurse on Duty
Wedges	Single use	Nurse on Duty
Metal impression trays	Cleaned with alcohol based solution- pouched and then autoclaved	Nurse on Duty
Extraction forceps-	Cleaned with alcohol based solution -autoclaved	Nurse on Duty
Composite polishing and finishing discs/strips-	Single use	Nurse on Duty
Nurse on Duty	Autoclaved	Nurse on Duty
Shade guide-	Wiped with alcohol based solution	
B P blade handle	Autoclaved	Nurse on Duty
Ceramic /fiberpost/ stainless steel crowns/ zirconia crowns	To be soaked in chlorhexidine gluconate solution prior using	Nurse on Duty


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Post drills-	Autoclaved without pouching	Nurse on Duty
Rotary files- single use.	Prior use autoclaved without pouching	Nurse on Duty
Magnification Loupes-	Disinfected with alcohol based solution	Nurse on Duty
Protapers	autoclaved without pouching	Nurse on Duty
Endogauge	wiped with alcohol based solution	Nurse on Duty
Space maintainers-	soaked in chlorhexidine gluconate solution	Nurse on Duty
Conscious sedation nasal hood –	single use	Nurse on Duty
Oxygen mask	Plasma	Nurse on Duty
Chair tubings and conscious sedation unit tubings-	wiped with alcohol based solution	Nurse on Duty
Composite curing light	using of barrier and chemical disinfectant	Nurse on Duty
X-ray beam aiming device	Soak it in Cidex solution for 30 mins.	Nurse on Duty
Dispensing gun for material	Wipe with alcohol based solution	Nurse on Duty
Protective eyewear	Wipe with alcohol based solution	Nurse on Duty
Endovac	Wipe with alcohol based solution	Nurse on Duty
		Nurse on Duty
Cotton and Gauze	Autoclave	Nurse on Duty
Gutta purcha point	Soak it in Hypochloride solution	Nurse on Duty




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All orthodontic instruments including cutters, pliers and scissors (metal)	Follow Sterilization cycle	Nurse on duty
Brackets, wires and orthodontic elastics	Presterilized	Nurse on duty




Tongue depressor	Front loading autoclave	Nurse on duty
Ellis forceps	Front loading autoclave	Nurse on duty
Straight and curved scissors	Front loading autoclave	Nurse on duty
Needle holder	Front loading autoclave	Nurse on duty
Elevators	Autoclave	Nurse on duty
Luxators	Autoclave	Nurse on duty
Scissors	Autoclave	Nurse on duty
Bone file	Autoclave	Nurse on duty
Bone rongeur	Autoclave	Nurse on duty
Chisel & Mallet	Autoclave	Nurse on duty
Osteotome	Autoclave	Nurse on duty
Bur trimmer	Autoclave	Nurse on duty
Wires	Autoclave	Nurse on duty


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SS Wire Cutter	Autoclave	Nurse on duty
Sinus forceps	Autoclave	Nurse on duty
Smith spreader	Autoclave	Nurse on duty
Skin hook	Autoclave	Nurse on duty
Langenback Retractor	Autoclave	Nurse on duty
Howarths Retractor	Autoclave	Nurse on duty
Photo cheek retractor	Clean with spirit & then put in formalin	Nurse on duty
Wire Cutter	Clean with spirit & then put in formalin	Nurse on duty
Bite block	Formalin Chamber	Nurse on duty
Ambu Bag	Plasma	Nurse on duty
Drager Tube	Plasma	Nurse on duty
Patient Model	Glutaraldehyde	Nurse on duty
Cautery cable	Formalin chamber	Nurse on duty
Syringe	Presterilised	Nurse on duty
Needle	Presterilised	Nurse on duty
Surgical Blades	Presterilised	Nurse on duty
Tracheostomy Tubes	Presterilised	Nurse on duty
Ryles Tube	Presterilised	Nurse on duty
Folleys Catheter	Presterilised	Nurse on duty
ET Tubes	Presterilised	Nurse on duty




Digital thermometer	Wipe probe with with 70% alcohol swab or bactilium after each use	Nurse On Duty
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<b>Stethoscope</b>	Should be wiped with 70% alcohol swab or bactilium daily (Ear plugs, diaphragm)	Doctors & Nurses
<b>B P Cuff</b>	Rubber Tubing – Cleaned with & 70% alcohol daily or when visibly soiled	Nurse On Duty
<b>Ambu-bags</b>	<ul style="list-style-type: none"> <li>Wear protective gloves</li> <li>Separate the face mask, valves, self inflating bag, Oxygen Reservoir bag, tubings.</li> <li>Clean with soap and water removing all the visible contaminants such as mucous, blood, secretions etc.</li> <li>Dry thoroughly, assemble all parts except the Oxygen Reservoir bag</li> <li><i>Inspect the device for complete dryness, any evidence of damage before sending for Plasma Sterilisation</i></li> </ul>	Doctors & Nurses
<b>Laryngoscope</b>	After each use Clean the blade with water then dry and then should be kept in Microdacyn/ Lysoformin 3000. For at least 45 Min for high level disinfection don't remove the bulb only blade to be kept in microdacyn/ lysoformin 3000. The holder is cleaned by the 70% alcohol swab / Microdacyn or / Plasma Sterilisation	Nurse On Duty
<b>Defibrillator</b>	Clean and disinfect with 0.5% sodium hypochlorite/ Microdacyn/ Lysoformin 3000/// 70 % alcohol daily	Nurse On Duty
<b>Humidifiers</b>	The humidifier should be cleaned thoroughly, dried, and filled daily with distilled water. Routine Disinfection: <ul style="list-style-type: none"> <li>Clean with soap and water</li> <li>Dip in sodium hypochlorite 1% for 30 mts after patient use</li> <li>Then wash with distill water and dried thoroughly Plasma Sterilisation after each patient use or monthly</li> </ul>	Nurse On Duty

<b>All catheter hubs and injection ports</b>	All catheter hubs and injection ports should be disinfected with bactilium/ microdacyn before and after access the system.	Nurse on duty
<b>Suction Bottle</b>	Add 1% hypochlorite to the bottle containing secretions for 30minutes, empty the contents and then rinse with water followed by disinfection (1% hypochlorite) and then dry. Label the date and time of disinfection.	Nurse On Duty
<b>I V Stand</b>	Clean thoroughly with detergent and water/ Disinfect after patient's	Nurse On Duty

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	discharge with bactilium/ microdacyn/ lysoformin 3000/ 70 % alcohol	
<b>Dressing/ Procedure Trolley-</b>	Clean and disinfect daily with hospital approved disinfectant bactilium/ microdacyn/ lysoformin 3000// 70 % alcohol. Surface must be dry before placing sterile packs.	Nurse On Duty

### POLICY FOR REPROCESSING OF THE SINGLE USE DEVICES

In GDCHA the single use devices are not reused. If reused it should follow the sterilization protocols and it should be documented.

### Maintainence of Air compressors




Maintainence of quality of compressed air should be checked regularly and replacement of filters every 3 months should be done and documented by engineer regularly from all concerned departments . Register should be regularly supervised by the assigned authority.


Label and record the daily use of biosonic enzyme essentially used for ultrasonic cleaner'

### QUALITY ASSURANCE OF TSSD INSTRUMENTS

For each load the process of sterilization is tested and the effectiveness of sterilization is ensured by measuring various aspects of the process by the use of proper indicators:

- **Mechanical indicators:** These are part of the sterilizer. They record and allow the observation of time, temperature, and pressuring during the sterilization cycle. E.g., gauges
- **Chemical indicators:** These are used for steam processes. They include process or external indicators, pack monitors or internal indicators and batch monitors or process challenge devices (in case of minor surgical procedures). To be recorded in a register




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- **Biological indicators:** These monitor the sterilization process with biological indicators and are conducted weekly (for steam sterilizers) Every load that contains implantable or intravascular objects or any direct patient use item.
- All sterilizers in the surgical department should be monitored with commercial preparations of spores intended specifically for that type of sterilizer (i.e., *Bacillus stearothermophilus*)
- All items in sterile storage are checked for expiry weekly. Sterile items that are about to expire are sent for reprocessing one day before expiry
- The recording in the sterilization log or TSSU register
  - Autoclave no
  - In time
  - Out time
  - Content description
  - Autoclave-Temp/ Pressure
  - Chemical indicator tape- color change
  - Biological Indicator-Lot/ Batch/ Exp date
  - Date and time of dispatch of items
  - Date of Sterilization and shelf life ( Validity)/ expiry dates of the items in register and on the items dispatched
  - Name of nursing staff responsible
- There is a batch label for each sterilized items which indicates the following details Date of sterilization, Date of Expiry, Sterilizer Number .This is to facilitate batch traceability and recall of all the items expired or in the event of a sterilization failure.
- Nursing Staff weekly checks all the items for any expired item.

#### FUNCTIONALITY CHECK

- After receiving the sterilized devices, the user department checks the sterilized devices for their functionality (e.g., cracks, breakage, bluntness), prior to use on the patients
- The end user uses the device only after verifying functionality

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- If the device is found unsuitable the end user will discard the device and make a record of this discard in the discard register
- Infection control team randomly selects such sterilized devices at the user end

### RECALL POLICY FOR CSSD ITEMS


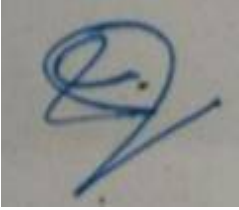

Items dispatched from TSSU to department or ward or OT and other patient areas, shall be recalled immediately if;


**PROCEDURE:** Recall is made as per given procedure

- Any breakdown is noticed in sterilization of the batch that was sterilized
- Any evidence suggestive of improper sterilization came into notice like failure of chemical indicator and biological indicator.
  - The Biological indicators are placed for steam sterilizer in the autoreader at TSSD Department of GDCH Ahmedabad once the indicator is passed after incubation of 4 hours the load is released after the documentation of the same. If it is failed the load is not released and reprocessed in another sterilizer and the biomedical engineer is called for the breakdown/ service of the sterilizer
  - If the Biological indicator fails the load is traced and recalled for the reesterilisation.
  - In case sterilization failure of any kind is detected after releasing the load, instruments are traced by the batch labels and recalled by TSSU for reprocessing.
  - All items that become wet or if the packaging is damaged are considered unsterile and send back to TSSU for reprocessing
  - All items that are about to expire are sent back to TSSU a day before the expiry date on the label
  - Package integrity and expiry are checked before opening for use and the list of contents is cross checked before using for patient care.

### POLICY FOR SHELF LIFE FOR STERILIZED ITEMS

The shelf life of all sterile items is event related. The integrity of the packaging will determine whether or not the enclosed item can be considered sterile. Breach of integrity includes: wet, torn or punctured wrappers and peel pouches, ruptured seals and closures, missing sterilization locks or load stamps or other visible signs of damage to the sterilization

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container or wrapper. Since the probability of the occurrence of a contamination event increases with time, stock rotation is to be adhered to. To provide a scientifically and economically sound shelf life policy that assures maximum patient safety.

### PROCEDURE

The shelf life policy has several important components:

- Sterile packaging, wrapping and labeling:
  - The only approved sterile packaging methods are:
  - Packing and labeling in –
    - OT Drums and linen wrapped in double layered cloth (7 day shelf life)
    - Peel pouch (1 year shelf life)
    - Disposable sterilization wraps (6 months shelf life)
    - Rigid containers (shelf life of one year)
- All sterile products must be labeled as follows:
  - All Sterile products has a batch label for each sterilized items which indicates the following details: Date of sterilization, Date of Expiry, Sterilizer Number, Chemical indicator tape.
  - Affix a caution label stating: "sterile unless opened, damaged or wet" to the outside of the sterile product.
  - Sterile items not subjected to event-related shelf life will be labeled with an expiry date. (For example items that do not meet the wrapping materials criteria for event related expiration, or items with manufacturer recommended expiry dates)
- Storage, handling and transport
  - The integrity of the packaging material (wrap, peel pouch, container) must be verified prior to the release and prior to the use of sterile items. Any sterile package that shows evidence of breach of integrity will be considered unsterile. It must be returned to the sterile processing department.
  - All departments storing sterile patient items must inspect their stock for evidence of tampering, punctures, moisture or other signs of compromised packaging. Such inspections will be scheduled at three-month intervals. Documentation of such inspections will be maintained by the departments and

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must also be forwarded to the TSSU department. A summary of the inspection should be reported to the infection control committee on an annual basis.




- The persons responsible for handling, storage, cleaning and inspection of sterile supplies should receive training to include the following; time related vs. event related shelf life, inspecting the condition of sterile packages, handling transportation and storage of sterile supplies, consequences of using unsterile supplies, stock rotation and consequences of excessive dust on outside wrapping. Users of sterile supplies should also be educated to inspect all products prior to use.
- All sterile items will be rotated so that the oldest stock is used first. (This responsibility falls to the department owning the stock)
  - Away from potential moisture contamination (sinks, steam pipes etc)
  - Packages should be positioned in a way that avoids crushing, bending or compression.
  - It is recommended that the sterile items be stored in cabinets or closed containers.
  - Sterile supplies within the facility should be protected by a cover.

#### 14. ENVIRONMENTAL CLEANING AND SANITATION- HOUSE KEEPING ACTIVITIES


Proper and regular cleaning of surfaces of hospital (non-critical) also called housekeeping surfaces reduces a major reservoir of potentially pathogenic and resistant microorganisms and ensures an aesthetically pleasant environment. Housekeeping services in a hospital is entrusted with maintaining a hygienic and clean hospital environment conducive to patient care In the health care organisation, the role of environmental cleaning is important because it reduces the number and amount of infectious agents that may be present and may also eliminate routes of transfer of microorganisms from one person/object to another, thereby reducing the risk of infection. The frequency of cleaning and disinfecting the environmental surfaces may vary according to the type of patient care area the types of surface, the amount of movement of personnel and the soiling.

The primary objectives of hospital cleanliness are two folds:

- To disinfect so that the threat of nosocomial infection is reduced
- To create a clean and safe, attractive environment for patient, staff

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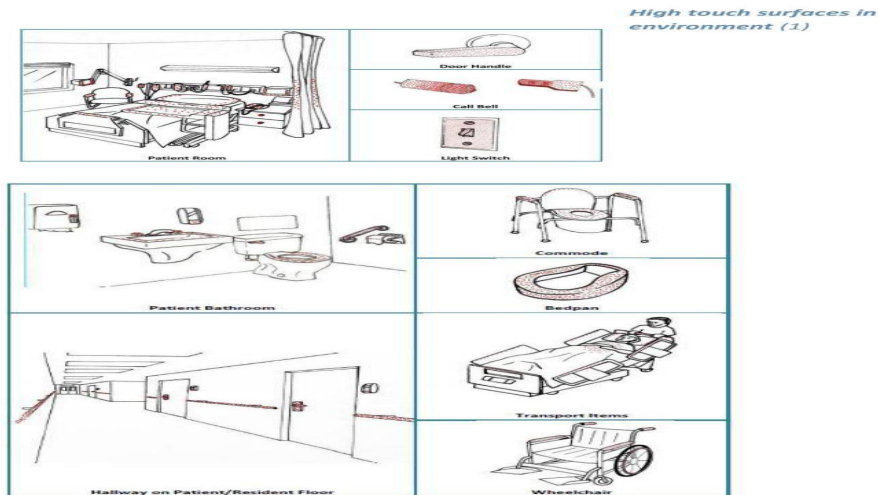





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Regardless of the agent used for cleaning, adhere to the following protocol:

- Properly train the staff regarding practices of cleaning and decontamination of surfaces.
- Wear appropriate PPE at all times and maintain a proper log of all cleaning procedures.
- Clean the housekeeping surfaces (floors, table tops, counters etc.) on a regular basis, when visibly soiled and when spills occur. Clean with detergent and hot water or any approved disinfectant for housekeeping purposes.
- Use a low/ intermediate level disinfectant in specific high risk areas. Avoid use of high level disinfectants for environmental surfaces in any area of the hospital.
- Prepare fresh detergent/ disinfectant solutions every day according to the manufacturer's instructions and as and when required.
- Avoid dry dusting which generate dust aerosols.
- Mops to be washed and dried daily.
- Designated storage area for housekeeping materials shall be available to enable easy accessibility to the housekeeping staff.

Figure 1



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Housekeeping activities include regular cleaning and removal of dust from various surfaces. Dust favors the persistence of gram positive cocci where as moist, soiled environment favors the growth and persistence of gram negative bacteria. Fungi are also present in dust and moist atmosphere.

The physical action of scrubbing with detergents and rinsing with water removes large number of micro-organisms from surfaces. Cleaning and disinfection schedules and methods may vary according to the area of hospital, type of surface to be cleaned and the amount of soil present.

**PURPOSE:**

Good cleaning practices are essential for reducing the risk of transmitting infectious diseases. This will contribute to a culture of safety by providing an atmosphere of general cleanliness and good order. Cleaning best practices are designed to meet the following needs:

- The primary focus must remain the safety of the patient, staff and visitors.
- The practices must help reduce the spread of infections.
- The practices are easily understood and achievable.
- The practices incorporate workflow measurement to guide human resource issues.
- The practices must be reviewed as often as required to keep abreast of changes in the health care.




Cleaning in the health care organisation should be performed on a routine and consistent basis to provide for a safe and sanitary environment. Maintaining a clean and safe health care environment is an important component of infection prevention and control.


Routine Practices related to environmental cleaning include:

- Hand hygiene.
- Use of personal protective equipment (PPE) when indicated.
- Standardized cleaning protocols.

Hand hygiene is the most important and effective measure to prevent the spread of health care-associated infections. Therefore, hand hygiene must be practiced:)

- Before initial patient/patient environment contact (e.g. before coming into the patient room or bed space).

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- After potential body fluid exposure (e.g. after cleaning bathroom, handling soiled linen, equipment or waste etc.).
- After patient/patient environment contact (e.g., after cleaning patient room; after cleaning equipment such as stretchers; after changing mop heads etc.)

Personal protective equipment (PPE) for health care providers and other staff refers to a variety of barriers used alone or in combination to protect mucous membranes, airways, skin and clothing from contact with infectious agents and from chemical agents. Cleaning staff should wear PPE:

- For protection from microorganisms.
- For protection from chemicals used in cleaning.
- To prevent transmission of microorganisms from one patient environment to another

Hospital Administrators must ensure that PPE are available adequately and accessible to all sanitary /cleaning staff in their work area. Adequate induction and in-service training should be provided in infection control and use of PPE.

PPE includes the following:




- Heavy duty gloves
- Impermeable plastic apron
- Gum boots
- Disposable mask and caps
- Eye protection wherever required


To provide guideline for the hospital Housekeeping service which further ensure that

- Cleaning of each and every area of hospital
- Proper monitoring of cleaning
- Availability of resource

To maintain the hospital environment, interiors and exteriors in hygienic and best sanitary condition and to ensure that the environment is safe, aesthetically pleasing and clean at all times.

- Overall responsibility of implementation of this policy lies with infection control committee.

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- Sister Incharges are responsible for the day to day monitoring programme.
- All HODs & concerned sister incharges are responsible for the monitoring and educating staff of their respective department about hospital infection control practices with coordination of infection control team.

The housekeeping department is the EYE and EAR of the hospital. Aside from the accident prevention benefits, good housekeeping can help in-

- Prevention and control of hospital infection
- Reducing average length of stay
- Reducing cost of medical care
- Reducing suffering of patients

It includes:

- Complete hospital including patient care and non-patient care areas are to be kept clean from dust, garbage and other wastes. It is to be ensured that all rooms, corridors, toilets, corners, floors, ceilings, walls, window sills, doors etc. are kept clean and kept dust free all the times.
- Housekeeping defines the frequency of cleaning of various areas as per the cleaning requirement and workload.




**PROCEDURE:**


Cleaning surfaces can be divided into two groups :

- Those with minimal hand contact (eg. Floors, ceilings etc.)
- Those with hand contact (eg. Door knobs, bed rails etc ) high touch surfaces

Methods that produce minimal aerosols or dispersal of dust in patient care areas are preferred. Dry dusting and brooms should not be used. Floor should be mopped daily 3-4 times and as when required with a hospital approved disinfectant or detergent solution according to manufacturer's recommendations. A clean, dry mop head should be used each time the floors are mopped. Cleaning solutions should be replaced frequently.

**CLEANING AND SANITATION ACTIVITIES IN THE HOSPITAL FOCUSES ON FOLLOWING ASPECTS:**

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**BASIC CLEANING** – This includes dusting, sweeping, polishing and washing of various areas of the hospital. These procedures is to be carried out as per standardized method

**SPECIAL CLEANING** – This includes special cleaning requirements for certain types of floors, walls and ceilings, doors and windows, furniture and fixtures and blinds. Housekeeping staff must be aware of these special cleaning requirements and these are to be monitored by their supervisors

**CLEANING OF TOILETS** – Toilets in patient rooms, wards, public areas and offices must be clean and hygienic. Cleaning schedule has to be fixed by housekeeping department and monitored by housekeeping supervisor.

**ODOUR CONTROL** – Housekeeping identifies and treats various types of unwanted odour in hospital premises. These odors shall be controlled and removed through use of appropriate room fragrance.

**WASTE MANAGEMENT** – General and Biomedical waste shall be segregated, transported, collected and disposed off strictly as per document ‘Management and handling of Biomedical waste and as per the defined frequency. (Refer BMW guidelines page no 45-49)




**PEST, RODENT AND ANIMAL CONTROL** – Pest and rodent control measures are taken at all areas for effectively controlling pests and rodents. Animals are not allowed in the hospital premises. No unwanted openings in walls and ceilings are kept, to prevent entry of birds and insects. Complete pest control activity is undertaken at regular interval, at least yearly and as & when required.


**INTERIOR DÉCOR** – Interiors are kept in such condition so as to:

- Create environment pleasant to patient, staff and visitors
- Create and maintain aesthetic colour scheme
- Make aesthetic and suitable arrangement in wards / departments
- Ensure proper lighting and ventilation in public areas

**HOUSEKEEPING EQUIPMENT MAINTENANCE** – For effective sanitation activities, all housekeeping equipment and materials are in appropriate stock and stored at designated places. They are maintained at best functional condition and replaced after its expiry period.

**CLEANING AGENT** – Best cleaning agent and good cleaning products shall be used for housekeeping activities

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## CLEANING AND HOUSEKEEPING ACTIVITIES IN DIFFERENT AREAS

### CLEANING FREQUENCY

The frequency of cleaning and disinfecting individual items or surfaces in a particular area or department depends on:




- Whether surfaces are high-touch or low-touch.
- The type of activity taking place in the area and the risk of infection associated with it (e.g., critical care areas vs. meeting room)
- The vulnerability of patients in the area.
- The probability of contamination based on the amount of body fluid contamination surfaces in the area might have or be expected to have


High-touch surfaces are those that have frequent contact with hands. Examples include doorknobs, elevator buttons, telephones, call bells, bedrails, light switches, computer keyboards, monitoring equipment, hemodialysis machines, wall areas around the toilet and edges of privacy curtains. High-touch surfaces in patient care areas require more frequent cleaning and disinfection than minimal contact surfaces. Cleaning and disinfection is usually done at least daily and more frequently if the risk of environmental contamination is higher (e.g. intensive care units). Low-touch surfaces are those that have minimal contact with hands. Examples include walls, ceilings, mirrors and window sills. Low-touch surfaces require cleaning on a regular (but not necessarily daily) basis, when soiling or spills occur, and when a patient is discharged from the health care setting. Many low-touch surfaces may be cleaned on a periodic basis rather than a daily basis if they are also cleaned when visibly soiled.

### CLEANING PRACTICES

Each health care setting must have policies and procedures to ensure that:

- Cleaning is a continuous event in the health care organization.
- Cleaning procedures incorporate the principles of infection prevention and control.
- Cleaning standards, frequency and accountability for cleaning are clearly defined (i.e., who cleans, what and how do they clean and when do they clean it).

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- Cleaning schedules ensure that no area is missed from routine cleaning
- Statutory requirements are met in relation to:
  - o Biomedical waste management
  - o Environment Protection Act
  - o Food hygiene standards
  - o Pest control
- Routine cleaning is necessary to maintain a specific level of cleanliness i.e. Hotel Clean, Hospital Clean. Routine cleaning practices must be effective and consistent to reduce the transmission of microorganisms. The frequency of cleaning is dependent upon the risk classification of the surface or item to be cleaned.

Following are the components cleaning

- Floors and skirtings are free of stains, visible dust, spills and streaks.
- Walls, ceilings and doors are free of visible dust, gross soil, streaks, spider webs and handprints.
- All surfaces are free of visible dust or streaks (includes furniture, window ledges, overhead lights, phones etc.).
- Bathroom fixtures including toilets, sinks and showers are free of streaks, soil, stains and soap scum.
- Mirrors and windows are free of dust and streaks.
- Dispensers are free of dust, soiling and residue and replaced/replenished when empty.
- Appliances are free of dust, soiling and stains.
- Waste is disposed of appropriately.
- Items that are broken, torn, cracked or malfunctioning are replaced.
- The area in general should have an aesthetic appearance.

Cleaning practices are periodically monitored and audited with feedback and education




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### RISK CATEGORIZATION OF HOSPITAL AREAS

All functional areas should be assigned in one of the following three categories:




- **High risk areas**
- **Moderate risk areas**
- **Low risk areas.**


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High risk areas	Moderate risk areas	Low risk areas
Operation Theatre (OT) units including recovery area- major and minor	In Patient Department (IPD) - wards, Out Patient Department (OPD)	Departmental areas/ office areas
Intensive Care Units (ICU)/ Cardiac Care Units (CCU)/ Neonatal ICU (NICU) etc.	Laboratory areas	Out Patient Department
High Dependency Units (HDU)	Blood bank	Nonsterile supply areas
Emergency department/ casualty	Pharmacies	Libraries
Labour room	Dietary services	Meeting rooms
Post operative units	Laundry services	Medical records section
Surgical wards	Mortuary	Stores section
Central Sterile Supply Department (CSSD)/ Theatre Sterile Supply Unit (TSSU)	Nurses/ Doctors rest rooms	Manifold services/ room
Radiation treatment areas	Rehabilitation areas	Telephone rooms, electrical, mechanical, external surroundings
Chemotherapy ward/ room	Psychiatric wards	Staff areas
Renal dialysis facility		
Burn units		
Isolation wards/ rooms and attached internal areas like bathrooms/ toilets		


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### Common disinfectants used for environmental cleaning

Disinfectants	Recommended use	Precautions
Sodium hypochlorite 1%	Disinfection of material contaminated with blood and body fluids.	<ul style="list-style-type: none"> <li>• Shall be used in well-ventilated areas.</li> <li>• Protective clothing required while handling and using undiluted.</li> <li>• Do not mix with strong acids to avoid release of chlorine gas.</li> </ul>
Bleaching powder 70%	Toilets/ bath rooms may be used in place of liquid bleach if this is unavailable.	<ul style="list-style-type: none"> <li>• Same as above.</li> </ul>
Alcohol (70%)	Smooth metal surfaces, table tops and other surfaces on which bleach cannot be used.	<ul style="list-style-type: none"> <li>• Flammable, toxic, to be used in well-ventilated area and avoid inhalation.</li> <li>• Keep away from heat source, electrical equipment, flames and hot surfaces.</li> <li>• Allow it to dry completely, particularly when using diathermy as it can cause diathermy burns.</li> </ul>
Detergent with enzyme	Cleaning endoscopes, surgical instruments before disinfection is essential.	<ul style="list-style-type: none"> <li>• Manual cleaning is an essential part of the cleaning process.</li> </ul>

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Sr.No.	Activity	Frequency	Agents Used
<b>OT/ ICU/ LABOUR ROOM/ SNCU/ ISOLATION WARDS</b>			
1	Garbage removal.	Thrice a day and more when bags are 3/4th full.	As per the current BMW Management and Municipal Solid Waste (Management and Handling) guidelines.
2	Cleaning of instruments.	After every procedure	Soap and water followed by sterilization.
3	Cleaning of clean areas and corridors of complex.	Twice a day/as and when required.	Damp (wet) mop with detergent and water and or 0.5% chlorine.
4	Mopping (care to be taken in case of special epoxy flooring).	Thrice a day and after each procedure.	Damp (wet) mop with detergent and water and or 0.5% chlorine.
5	Cleaning of equipments like anesthesia machines, monitors, ventilators, infant warmers/ baby cribs.	Twice a day/as and when required.	Damp (wet) mopping, dry, disinfect with 70% isopropyl alcohol/ 2% glutaraldehyde (for endoscopes and reusable items).
6.	Fumigation.	Once a month/ after infected case surgery.	Thorough washing and disinfection of surfaces every day after every surgery is more beneficial than fumigation. If fumigation has to be done non formalin compounds for fumigation are recommended.
7	Cleaning of OT table and OT stretcher.	Twice a day/after each surgery.	0.5% chlorine/ 70% isopropyl alcohol.
8	Doctor's/ nurse's / technician's room.	Twice a day.	Detergent and water.
9	Washroom & wash basins cleaning.	Thrice a day and as & when required.	Wash with soap and water, then dry, wipe 0.5% chlorine.
10	Washing of slippers.	once a week and when required.	Soap and water.
11	Collection of soiled linen and sluicing.	As and when required.	Soak in clean water with bleaching powder 0.5% for 30 minutes. Wash again with detergent and water to remove the bleach or launder in hot water (70-80°C) if possible.
12	Cleaning of mops.	After every use.	Soak in clean water with bleaching powder 0.5% for 30 minutes. Wash again with detergent and water to remove the bleach.

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<b>MODERATE RISK AREA</b>			
1	Garbage removal.	Thrice a day and more/ when bags are 3/4th full.	As per the current BMW Management and Municipal Solid Waste (Management and Handling) guidelines.
2	Mopping of floor.	Twice a day.	Damp (wet) mop with detergent.
3	Wash room and wash basin.	Thrice a day and as and when required.	Wash with soap and water, then dry, wipe with 0.5% chlorine.
4	Dusting/ cleaning of equipments.	Once a day.	Damp (wet) mopping, dry, disinfect with 70% isopropyl alcohol.
5.	Collection of soiled linen and sluicing.	As and when required.	Soak in clean water with bleaching powder 0.5% for 30 minutes. Wash again with detergent and water to remove the bleach or launder in hot water (70-80 degree C) if possible.
<b>CANTEEN AND KITCHEN</b>			
1	Garbage removal.	Thrice a day and more when bags are 3/4th full.	As per the current BMW Management guidelines.
2	Mopping of floor.	Twice a day and as and when required.	Damp (wet) mop with detergent and water.
3	Wash rooms and wash basin.	Twice a day and as and when required.	Wash with soap and water, then dry, wipe with 0.5% chlorine.
4	Dusting.	Once a day.	Duster.
<b>PUBLIC WASH ROOM</b>			
1	Cleaning.	Thrice a day.	Damp (wet) mop with detergent and water.
2	Wash rooms and wash basin.	Thrice a day.	Wash with soap and water, then dry, wipe with 0.5% chlorine.

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<b>PATIENT WAITING AREA &amp; OPD AREA</b>			
1	Garbage removal.	Thrice a day and more when bags are 3/4th full.	As per the current BMW Management and Municipal Solid Waste (Management and Handling) guidelines.
2	Mopping of floor.	Twice a day	Damp (wet) mop with detergent and water.
3	Wash rooms and Wash basin.	Twice a day.	Wash with soap and water, then dry, wipe with 0.5% chlorine.
4	Dusting.	Once a day.	Duster.
<b>STORES (MEDICAL SURGICAL, NON-MEDICAL)</b>			
1	Garbage removal.	Thrice a day and more when bags are 3/4th full.	As per the current BMW Management guidelines.
2	Dusting.	Once a day.	Duster.
3	Mopping of floor.	Once a day.	Damp (wet) mop with detergent and water.
<b>MORTUARY</b>			
1	Garbage removal.	Thrice a day and more when bags are 3/4th full.	As per the current BMW Management guidelines.
2	Dusting.	Once a day.	Duster.
3	Mopping of floor.	Twice a day.	Damp (wet) mop with detergent and water.
4	Cleaning of autopsy table.	Once a day and after every procedure.	0.5% chlorine / 70% isopropyl alcohol.
5	Drains.	Once a day.	Soap and water.
<b>ADMINISTRATIVE OFFICES</b>			
1	Garbage removal.	Thrice a day and more when bags are 3/4th full.	As per current Municipal Solid Waste (Management and Handling) guidelines.
2	Dusting.	Once a day.	Duster.
3	Mopping of floor.	Once a day.	Damp (wet) mop with detergent and water.
4	Dry mopping	Once a day.	Soft brush.
5	Wash rooms and wash basin.	Once a day.	Wash with soap and water, then dry, wipe with 0.5% chlorine.

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Sr.No.	Activity	Frequency	Agents used
<b>CSSD / LAUNDRY</b>			
1	Garbage removal.	Thrice a day and more when bags are 3/4th full.	As per the current BMW Management and Municipal Solid Waste (Management and Handling) guidelines.
2	Dusting.	Twice a day.	Damp (wet) duster, dry, then wipe.
3	Mopping and washing of floor.	Twice a day.	Damp (wet) mop with detergent and water.
4	Mopping (CSSD) sterile areas.	Once a day.	0.5% chlorine/ 70% Isopropyl alcohol.
5	Fumigation.	Once a month/ as and when required.	Fumigation is recommended with non formalin compounds.
6	Wash rooms and wash basin.	Once a day.	Wash with soap and water, then dry, wipe with 0.5% chlorine.
<b>RADIOLOGY &amp; LABORATORY</b>			
1	Garbage removal.	Thrice a day and more when bags are 3/4th full	As per the current BMW Management and Municipal Solid Waste (Management and Handling) guidelines.
2	Dusting of infrastructure.	Once a day.	Damp duster, dry, then wipe.
3	Cleaning of equipment.	Once a week.	Damp cleaning, dry, 70% isopropyl alcohol.
4	Mopping and washing of floor.	Twice a day.	Damp (wet) mop with detergent and water.
5	Washing of slippers.	Once a week.	Detergent and water.
6	Wash rooms and wash basin.	Once a day.	Wash with soap and water, then dry, wipe with 0.5% chlorine.

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### ADDITIONAL CLEANING ACTIVITIES

The following additional cleaning shall be scheduled:

- High dusting using damp (wet) mop (weekly).
- Clean corners (weekly).
- Removal and laundering privacy curtains/screen (monthly).
- Clean window curtains/ coverings when soiled or at least monthly.
- Dust window blinds at least monthly.
- High dusting includes all surfaces and fixtures above shoulder height, including vents. Ideally, the patient/ resident shall be out of the room during high dusting to reduce the risk of inhaling spores from dust particles. Avoid the use of carpets and upholstered furnishings in high risk patient care areas if used, vacuum regularly to minimize the level of dust and allergens.

### CLEANING OF BEDDING, MATTRESSES AND PILLOWS

- Cover the mattress and pillows with protective water-proof plastic material like rexin.
- Keep the mattress and pillow rexin covers dry.
- Clean the mattress and pillow rexin covers with soap solution and dry. Avoid excessivewetting during cleaning.
- In case of blood spill over the mattress/ pillow cover, clean with 1% chlorine solution, washand dry.

### CLEANING OF VARIOUS AREAS




#### OPERATION THEATERS


##### Physical design elements

- Temperature: between: 20<sup>o</sup> C to 22<sup>o</sup> C
- Humidity: between: 30% to 60% RH

#### Air sampling

To be done on a monthly basis, air sample plate along environmental swabs and are sent to Oral Pathology GDCHA/ Bacteriology Section, Microbiology Dept, Civil Hospital, Ahmedabad.

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### Mops

- Mops used should be cleaned with detergent after each use.
- After use make it dry.

### OUT PATIENT DEPARTMENT


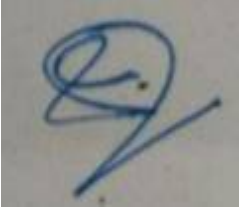

- Use Lysol for floor mopping.
- Wipe all the table tops, examination table, dressing trolleys with 0.5% sodium hypochlorite based disinfectants/ lysoformin.
- Change all curtains once in a month.
- Change linen on examination table every day or as and when required.

### WARD CLEANING ON DISCHARGE OF PATIENT


- On discharge of patient change bed linen, clean all the furniture.
- Clean all the table tops, window ledges, all fixtures, phones, chairs and other furniture in the ward with clean duster and appropriately diluted as recommended by manufacturer disinfectant solution with 0.5 % hypochlorite solution.
- Floors to be mopped with lysol.

### IMPORTANT ASPECTS




- Do not flick the dust while dusting or sweeping.
- Change curtains once month or when soiled.
- Avoid using the patient's linen for dusting.
- Avoid clean mops and duster in the patient's sink.
- Use clean mops for cleaning.
- Terminal cleaning of the wards to be done once each shift.
- High dusting is to be done with a wet mop.
- Fans & lights are cleaned with soap & water once in 15 days.
- Wash basins are to be cleaned every morning.
- AC filters are cleaned every 15 days or as and when required.


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- All work surfaces are cleaned twice a day.
- Cupboards, shelves, beds, lockers, IV stand, pt's cot, stools and other fixtures are be cleaned with detergent and water once a week
- Store rooms are to be mopped once a day & high dusted once a week.
- Mattress and pillows – use water impermeable covers. Wash with detergent solution after each patient discharge. If contaminated it should be disinfected.
- Patient's linen- Bed linen is to be changed daily and whenever soiled with blood or body fluids.(Refer Linen Policy page no 38-41)
- Miscellaneous items-Kidney basins, basins, bed pans, urinals, etc to be cleaned with detergent and water and disinfected with 1% Hypochlorite solution.
- **Set-up for the Day/Pre-treatment Protocols**
- 1. Wash hands and wear PPE
- 2. The dental operator or designated assistant must flush all the waterlines for 20 to 30 seconds at the beginning of each work day to reduce any microorganisms that may remain overnight.
- Rationale: It has been shown that blood, saliva, and gingival fluid of patients may be aspirated into the handpiece or waterline. Therefore, flushing the unit's water reservoir between patients and before starting the day is important.
- Preparing for the Patient
- 1. Distilled water with an appropriate waterline treatment product should be placed on the dental unit prior to treating the first patient of the day.
- 2. Flush all waterlines, including the ultrasonic scalar, for a minimum of 20 to 30 seconds between patients.
- 3. Clean and disinfect the unit with an tuberculocidal disinfectant capable of killing both lipophilic and hydrophilic viruses. Cleaning may also be accomplished by using soap and water prior to surface disinfection.
- 4. The environment of the dental clinics must always be clean and neat. Cover surfaces that will be contaminated, but not cleaned and disinfected between patients, with approved barriers.

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- All other items not covered, yet contaminated during a procedure, must be either disposed of (if single use), cleaned and disinfected, or sterilized to eliminate cross-contamination. If in the event a barrier is compromised the underlying surface must be disinfected.
- Attach saliva ejector tip, sterile high-speed evacuation tip, sterilized handpiece, and sterilized threeway syringe tip.
- -High-speed Evacuation System High-speed evacuation should be used at all possible times when using the high-speed handpiece, water spray, or ultrasonic scaler or during a procedure that could cause spatter.
- Rationale: Appropriate use of high-speed evacuation systems has been shown to reduce spatter and droplets.
- -Three-way Syringe The three-way syringe is hazardous because it produces spatter. Therefore, caution must be used when spraying teeth and the oral cavity. When used, a potential for spatter must always be considered and appropriate precautions taken (for example, use of barrier protection). The use of non spatter-producing methods of cleansing, such as warm, moist cotton pellets or use of water before air is recommended. .
- 5. Attach a waste bag to an accessible area that will not interfere with patient treatment.
- 6. Set up all items to be used during the delivery of care.
- Remove all unnecessary items from the treatment tray. Keep it as uncluttered as possible; this will reduce the number of items that could become contaminated and consequently make post treatment clean-up easier. Anticipate procedure and materials needed. Although careful planning before treatment begins is an extremely important aspect of infection control, treatment rooms should not be set up so far ahead of the procedure so that sterility and safety are compromised. Set out on the counter or side tray (preferably on a poly-backed paper cover) all instruments, medication, measured materials, cotton products, discs, etc., that will be needed for the procedure. Be ready for the procedure with all necessary materials and equipment within arm's reach of

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the operating field. Planning ahead saves time away from the chair, but more importantly avoids needless entering into drawers and cabinets once gloves are contaminated. Never reach into drawers or shelves with contaminated gloves.

- Set-up instruments, with prearranged trays, bur blocks, and rubber dam supplies for each procedure. Having instruments and burs ready ahead of time eliminates the need to enter drawers, closets and tubs once gloves are contaminated. This also eliminates contamination of unused burs that will need to be sterilized. Open tubs should not be kept or placed on dental treatment delivery carts during treatment procedures. Sterile cassettes should only be unwrapped and opened at the time of use with clean treatment gloves. Sterile instruments must never be touched with ungloved hands.




### • Treatment Room Disinfection Protocols


- Clinic Session 1 (or first session of the day)
- 1. CLEAN ALL ENVIRONMENTAL AND DENTAL UNIT SURFACES All environmental and dental unit surfaces in the dental treatment room must be cleaned and disinfected with disinfectant. Using a germicidal pre-saturated sheet, wipe over all surfaces, repeat, and then allow disinfectant to set for designated time on label. Remember to wear PPE.
- 2. RUN WATERLINES Dental devices and equipment that are connected to the dental water supply system and may be used during patient care must be discharged of water and air for 20 to 30 seconds.
- 3. DISINFECT ONLY CONTAMINATED AREAS at the end of the procedure.
- At the end of the procedure surface disinfect those areas in which a barrier may have been compromised or any non- barrier protected surface that may have been contaminated. Only those areas which have been contaminated by direct contact or have visible splash or spatter with blood or other potentially infectious fluids (saliva) need to be disinfected with the saturate wipe/saturate method. Remember that you must disinfect all clinic supplies and equipment that have been contaminated during the procedure.

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- Contact dental assisting staff if you have any questions about the protocol.
- **Additional Patient Sessions during Day**
- 1. RUN WATERLINES FOR 30 SECONDS Run waterlines for 30 seconds to reduce bio film burden.
- 2. DISINFECT AS INSTRUCTED IN ITEM 3
- Follow treatment room disinfection procedures as described in item 3 under Clinic Session 1. Run waterlines again for 30 seconds at the end of last session of the day to reduce bio film build-up.
- You must disinfect all dental supplies and equipment (i.e. composite light) and place them in the designated area. Do not mix contaminated and clean items. Used cassettes must be brought to the designated area.
- **Clean-up After Patient Treatment**
- Personal protective attire including gowns, gloves, eyewear and a mask must be worn during clean-up activities.
- Any surface that becomes contaminated with blood and/or saliva must be cleaned and disinfected using a liquid chemical germicide registered with the EPA as a “hospital disinfectant.”
- At the end of each treatment procedure all surfaces must be decontaminated using presaturated germicidal sheets. A pre-saturated germicidal gauze pad is used to clean all contaminated surfaces. The same surfaces are wiped off again with a new germicidal wipe, and the surface is allowed to air dry in order to be disinfected. Blood and saliva should be thoroughly and carefully cleaned from instruments and materials that have been used in the mouth. The technique is: 1) wipe to clean; 2) wipe to disinfect; and 3) allow surfaces to air dry 10 minutes.
- All waste generated during treatment which is saturated with blood or saliva must be considered bio- medical waste. Dispose of it promptly during treatment in the plastic waste bags at the treatment room and after completion of treatment in the main waste receptacle (red bag) in the clinic. The following protocol may be used.

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- 1. Remove gloves and wash hands immediately.
- 2. Ask the assistant to complete entries on all forms and records relating to the treatment and dismiss the patient.
- 3. If barriers are there then remove them from apparatus and items from the dispensary. Clean and disinfect as necessary.
- 5. Remove all disposables and discard.
- 6. Discard needles, such as anesthetic and suture needles, and any single use disposable sharp instruments such as scalpel blades, broken instruments, dull or broken burs, or any non-reusable sharp that could puncture skin, into the rigid biohazard sharps container. The container is located on the wall of the treatment room.
- 7. The dental staff will address contaminated instruments by submerging them in a holding solution. If necessary, instruments can also be carefully cleaned with a scrub brush. Following the scrub brush method, the instrument is replaced in the appropriate slot in the dental cassette. The cassette is closed and secured with a rubber band. Staff will also determine if there are broken or missing instruments which require replacement. Once the inspection procedure is complete, staff sends the cassette out for sterilization. Rationale: This procedure is an initial step in the decontamination process. The primary reason for initially placing instruments in a liquid chemical germicide (or water) is to keep the instruments from drying prior to cleaning and sterilization procedures. Although placement in a liquid chemical germicide will lower the number of microorganisms present on the instruments and equipment, these instruments must be considered contaminated. Gloves must be worn by workers handling these items. This step does not achieve high-level disinfection or sterilization of instruments and equipment. Instruments must be cleaned and sterilized before re-use with another patient.

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### HOUSEKEEPING ACTIVITIES BEFORE THE ARRIVAL OF A NEW PATIENT(WARD)

- Bed should be ready by nursing staff before receiving any new admission.

### DAILY HOUSEKEEPING ACTIVITIES OF PATIENT WARD.




- Housekeeping Supervisors ensures cleaning of floor, side locker, patient bed, toilet, nursing station, patient trolley & all the instrument and equipment.
- The Housekeeping Supervisors liaises with the facility engineering department of PIU Department for attending complaints in patients ward pertaining to plumbing and electrical.
- The housekeeping staff maintains upkeep of the ward by dusting mopping, sweeping, clearing of cobwebs, cleaning bathrooms, clearing garbage, providing drinking water.
- The supervisor must check the work done by Housekeeping staff and record the details and in case of any irregularities shall get the work done by the housekeeping staff.


### PROCEDURE FOR TERMINAL CLEANING

Every item in the room must be cleaned with an appropriate hospital disinfectant solution. Linen should be stripped from the bed.

### PROCEDURES FOR TERMINAL CLEANING

- Every item in the room must be cleaned with an appropriate hospital disinfectant solution.
- Linen should be stripped from the bed, with care taken not to shake linen. Linen should be folded away from the person and folded inward into a bundle, then removed with minimal agitation.
- When applicable, all reusable receptacles such as drainage bottles, urinals, bedpans, etc. should be emptied and rinsed with disinfectant solution.
- All equipment that are not to be discarded, such as IV poles and suction machines, should be cleaned with approved disinfectant solution.
- When applicable, mattresses and pillows covered with durable plastic covers should be washed / cleaned thoroughly with the approved disinfectant solution.

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- Beds and furniture should be cleaned thoroughly with disinfectant solution.
- Wastebaskets should be thoroughly washed with disinfectant solution after trash has been removed.
- Walls and ceiling need not be washed with entirely, but areas that are obviously soiled should be washed with disinfectant solution.

**HOUSEKEEPING -DISINFECTION CLEANING**


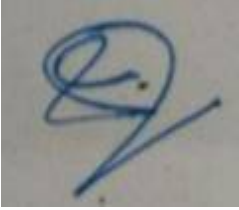

NAME	DISINFECTION METHOD	FREQUENCY
Floors	Lysol	3times/ day & as and when required
Walls	Detergent & water and 0.5% Hypochlorite	At time of terminal cleaning or as and when required.
Fans	Wet mops with water	At time of terminal cleaning.
AC	0.5% hypochlorite	Once a week
Sinks	Detergent & water	Daily & weekly thorough cleaning
Toilets	Detergent & water	Daily & weekly thorough cleaning


**HOUSE KEEPING IN THE OPERATION THEATRE**

Theatre complex should be absolutely clean at all times. Dust should not accumulate at any region in the theatre. Lysol/0.5% Hypochlorite/lysoformin based solution is recommended for cleaning floors and other surfaces. Operating rooms are cleaned daily and the entire theatre complex is cleaned thoroughly once a week.

**BEFORE THE START OF THE FIRST CASE**

Wipe all equipment, furniture, room lights, suction points, OT table, surgical light reflectors, other light fittings, slabs etc with hospital approved disinfectant Lysol /0.5% Hypochlorite/lysoformin. This should be completed at least one hour before the start of surgery.

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### LINEN & GLOVES

Gather all soiled linen and towels in the receptacles provided. Transfer them in trolleys to be taken for sorting. The dirty linen is then sent to the laundry. Use gloves while handling dirty linen.

### ENVIRONMENT

Wipe used equipment, furniture, OT table etc., with If there is a blood spill, disinfect with sodium hypochlorite before wiping. Empty and clean suction bottles and tubing with disinfectant.

### AFTER THE LAST CASE

The same procedures as mentioned above are followed and in addition the following are carried out.

- Wipe over head lights, cabinets, waste receptacles, equipment, furniture with 0.5% hypochlorite.
- Wash floor and wet mop detergent and disinfectant -Lysol solution.

### WEEKLY CLEANING PROCEDURE




- Remove all portable equipment.
- Damp wipe lights and other fixtures with detergent.
- Clean doors, hinges, facings, glass inserts and rinse with a cloth moistened with detergent.
- Wipe down walls with clean cloth mop with detergent.
- Scrub floor using detergent and water and disinfectant.
- Stainless steel surfaces – clean with detergent, rinse & clean with water.
- Wash (clean) and dry all furniture and equipment (OT table, suction holders, foot & sitting stools, IV poles, basin stands, X-ray view boxes, hamper stands, all tables in the room, holes to oxygen tank, kick buckets and holder, and wall cupboards etc).

### FUMIGATION OR FOGGING


#### Circumstances for Fumigation

Fumigation of high risk areas -OT shall be done in the following circumstances:

- Newly constructed / repair activity undertaken recently in that area.

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- In any other circumstances where fumigation is required e.g. after surgery on infectious cases or major spills of faecal matter.
- Routinely: Once a month depending on the nature of civil infrastructure, no of surgical cases and movement of staff and equipment.
- Area not used for long duration before its usage needs to be fumigated.
- High occupancy areas when found vacant needs to be fumigated.

**Method of Fumigation**

**Precautions**




- Adequate care must be taken by wearing various Personal Protective Equipment (PPE) like cap, mask, foot cover, spectacle etc.
- Paste a warning notice on the front door indicating fumigation/fogging is in progress.


**Pre-fumigation procedures**

- Remove any contamination with 0.5 % chlorine solution and any other article that is likely to be damaged by fumigation.
- Clean the area (windows, doors, floor, walls, surgery table and all washable equipment) thoroughly with soap and water.
- Close windows and ventilators tightly. If any openings found, seal it with cellophane tape or other material to avoid the leak of fume.
- Switch off all lights, Air Conditioner (AC) and other electrical and electronic items and method Preparation
- Calculate the room size (surgical theatre only) in cubic feet (LxBxH) and calculate the required amount of environmental disinfectant preferably non formalin compounds like hydrogen peroxide + silver nitrate solutions as per the manufacturer's instructions. Formaldehyde is irritant to eyes and nose and it has also been recognized as a potential carcinogen.

**Fumigation procedure**




- It is to be carried out as per the manufacturer's instructions depending the size of room and the type of environmental disinfectant used e.g. Hydrogen peroxide + Silver nitrate solution. Hydrogen peroxide + Silver nitrate solution, or Lysoformin


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considered bio- medical waste. Dispose of it promptly during treatment in the plastic waste bags at the treatment room and after completion of treatment in the main waste receptacle (red bag) in the clinic. The following protocol may be used.

1. Remove gloves and wash hands immediately.
2. Complete entries on all forms and records relating to the treatment and dismiss the patient.
3. Put on gloves before beginning clean-up.
4. Remove barriers from apparatus and items from the dispensary. Clean and disinfect as necessary.
5. Remove all disposables and discard.
6. Discard needles, such as anesthetic and suture needles, and any single use disposable sharp instruments such as scalpel blades, broken instruments, dull or broken burs, or any non-reusable sharp that could puncture skin, into the rigid biohazard sharps container. The container is located on the wall of the treatment room.
7. The dental staff will address contaminated instruments by submerging them in a holding solution. If necessary, instruments can also be carefully cleaned with a scrub brush. Following the scrub brush method, the instrument is replaced in the appropriate slot in the dental cassette. The cassette is closed and secured with a rubber band. Staff will also determine if there are broken or missing instruments which require replacement. Once the inspection procedure is complete, staff sends the cassette out for sterilization. Rationale: This procedure is an initial step in the decontamination process. The primary reason for initially placing instruments in a liquid chemical germicide (or water) is to keep the instruments from drying prior to cleaning and sterilization procedures. Although placement in a liquid chemical germicide will lower the number of microorganisms present on the instruments and equipment, these instruments must be considered contaminated. Gloves must be worn by workers handling these items. This step does not achieve high-level disinfection or sterilization of instruments and equipment. Instruments must be cleaned and sterilized before re-use with another patient.

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### TOILET CLEANING:

The toilets are cleaned thoroughly in each shift. The cleaning procedure is as follows:




- Clean the toilets daily with disinfectant
- Thoroughly clean toilets once a week-put adequate Harpik solution to the WC, keep it for 20 minutes and do the brushing.
- Take one bucket of water (20 Liters) and add disinfectant cleaning solution. Take a nylon brush and clean all the fixtures such as taps, geysers, washbasin and walls using the solution.
- Wash the Western Commode-WC thoroughly with water.
- Sprinkle the disinfectant solution on to the floor and scrub the ground with the Brush for 10 minutes and then wipe the floor. Take a bucket of water and add 50 mL of Lysol (Disinfectant cleaning solution) and mop the floor by using this solution.


### HOUSEKEEPING ROUNDS AND INSPECTIONS:

- The Sanitary Supervisor should evaluate and check all the cleaning agents for quality and ensure that there is an optimum assessment and utilization of all the cleaning agents.
- The supervisor inspects all the areas and identify malfunctioning / breakdown, leaks of flushing systems, taps, electric systems, air conditioners, televisions, telephone, geysers, furniture's, built in areas / Floorings, cupboards / lockers etc.
- The supervisors interact with the patients and staff members to identify such problems / complaints in cases where he/she may not directly inspect the site.
- The supervisors prepares a work requisition and send it to the facility Maintenance Department of PIU Department in case of any problems regarding the engineering services. The housekeeping supervisors must follow it up with the facility engineering department PIU Department of till the work requisition has been completed.

### STAFF COORDINATION:

- The housekeeping attendants reports to the supervisor at the end of their shift. Housekeeping supervisors takes the attendance for the next shift boys / maids.

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- If there are any hospital functions or extra work in the hospital like shifting departments, arranging a new area, the Housekeeping In-charge will prepare duty chart for extra duties.
- To provide good service, 24 hours housekeeping services are provided for the patients, maintaining the patient's room and waiting areas clean.
- The housekeeping instruments and consumables such as disinfectants, dustbin covers and stationery items are supplied by the hospital.

**TRAINING:**

Training of housekeeping staff is given high importance to effectively implement the standard practice. Regular in-service training of existing staff and induction training of new staff are carried out to train them on various cleaning methodologies.




**RESOURCE PROVISION**


The management provides adequate & appropriate resources for prevention and control of Healthcare Associated Infections. It includes

- Adequate & appropriate personnel protective equipment, hand wash, hand gel & disinfectants are provided.
- Adequate and appropriate facilities for hand hygiene in all patient care areas are provided and are made accessible to health care workers.
- Appropriate post exposure prophylaxis is provided to the concerned staff
- Ensure that the clinical areas are clean.
- Particular attention must be paid to cleaning of horizontal surfaces, floors, beds, bed-side equipment and other frequently touched surfaces.(Refer Housekeeping activities)

**15. ENGINEERING CONTROL, UTILITY, ENVIRONMENT AND PEST CONTROLS TO PREVENT INFECTIONS**

The preventive maintenance of all equipment ensures efficiency and reduces chances of contamination of air and water. The proper care and maintenance of the entire physical structure also reduce accumulation of dust and spores in the environment. Thus the engineering dept and its personnel are important links in the chain of activities towards hospital infection control.

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All personnel applies standard precautions when in contact with patients or blood and body fluids.

#### GENERAL


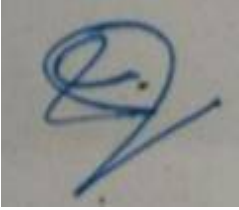

- Engineering personnel reports to the ward sister prior to commencing work in a patient's room or area, and follow her directions with regard to dressing, scrubbing etc. Engineering personnel reports to the sister in charge after completion of work.
- Engineering employees maintains a neat, clean environment at all times. All engineering personnel are aware of standard precautions.
- Prior to entering areas requiring sterile attire such as the O.T., engineering employees shall wear the PPE prescribed . Engineering personnel checks in and out with the permission of the OT incharge.
- Hand washing is to be followed before and after leaving the patient care area.


#### AIR COMPRESSORS

Oil and air filters from compressors of all concerned department should be replaced every 3 months and to be recorded in the register ( maintained by engineer and signed by concerned departmental authority) and swab to be collected and reported. Servicing of the compressors to be done regularly.

#### PLUMBING JOB GUIDELINES

- Hospital water supply systems is not be connected with any other piping system or fixtures that can cause contamination without the use of adequate air gaps or approved back flow preventers or vacuum breakers.
- Water is chlorinated to ensure no growth of micro-organisms. Residual chlorine level is checked on a checked regularly
- Wear rubber gloves while maintenance of faulty drains.
- When clean out main sewer lines, or when exposed to gross contaminated wastes, wear rubber boots and rubber gloves.
- After exposure to sewer lines or gross contaminated waste, clean exposed areas of body with soap and water. Change uniform if necessary. Do not return to patient care areas before cleaning up.
- There is a maintenance plan for water management which includes cleaning of water storage tank Quarterly , water treatment which includes RO unit. The regular

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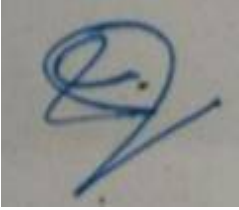

checking of pH, TDS, hardness as well as the microbiological coliform count done


### VENTILATION SYSTEMS

- All operating theaters (OTs) are maintained at positive pressure
- Each OT has an individual air handling unit capable of running on 100% fresh air
- High efficiency particulate air („HEPA“) filters are installed in OTs
- All OTs have more than 25 air changes per hour out of this 5 are fresh air changes.
- In-patient wards: All wards have fresh air ventilation open type of ward with at least 1 meter spacing between beds

### MAINTENANCE OF THE VENTILATION SYSTEM OF OT

- During the non-functional hours AHU blower will be operational round the clock (may be without temperature control). Air changes can be reduced to **25%** during non-operating hours thru VFD provided positive pressure relationship is not disturbed during such period.
- **Validation of system** is to be done as per ISO 14664 standards and should include:
  - Temperature and Humidity check- daily recorded in the log
  - Pressure Differential levels of the OT wrto ambient / adjoining areas- Monthly
  - Air particulate count
  - Air Change Rate Calculation
  - Air velocity at outlet of terminal filtration unit /filters
  - Validation of HEPA Filters by appropriate tests like **DOP** (Dispersed Oil Particulate) /**POA** (Poly Alpha Olefin) etc.;-repeat after **6 month** in case HEPA found healthy.
- **Preventive Maintenance of the system:** periodic preventive maintenance be carried out in terms of cleaning of pre filters, micro vee at the interval of **15 days**. Preventive maintenance of all the parts of AHU is carried out as per manufacturer recommendations.
  - Regular maintenance of HVAC system must be carried out in a systematic manner throughout the hospital by PIU

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- In areas where central air-conditioning is used the moisture of the air and the ventilator air changes must be carefully monitored. All ducts must be washed thoroughly at regular intervals and fumigated.
- Specimens are obtained by the infection control team for air/water/surface from various patient care areas in the hospital for environmental sampling


**CONSTRUCTION AND RENOVATION:**

- When any construction or repair work is carried out in patient care areas the PIU engineer informs the AHA, HOD, Director
- Before starting any construction / renovation / demolition the infection control nurse does a risk assessment and based on the findings issue a permit to allow construction work
- The area is cordoned to reduce the risk of infection
- Inform the infection control nurse and head nurse before starting any repair/maintenance work which can generate dust (e.g. cement work).
- If required, patients are shifted to alternate areas prior to the work commencing
- The infection control nurse (ICN) checks the area for potential infection risks resulting from the repair or construction activity
- ICN fills the pre and during construction/maintenance checklist to ensure appropriate infection control measures.
- If repair work is to be conducted in a patient room the engineering staff reports to the ward sister prior to commencing work and follow nursing directions with regard to hand hygiene, dressing, scrubbing etc.
- Support staff checks out with the ward sister upon completion of work and informs the ICN to check for post work status. ICN fills the post construction/maintenance checklist for the same
- All areas that require a clean atmosphere are fogged before use following construction work

**PEST CONTROL**

Pest control is an integral component of sanitation services. Pests such as cockroaches, flies, and mosquitoes can serve as agents for transmission of microbes or may serve as biological vectors of disease. They typically thrive in moist and warm conditions and feed on food

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waste, human and medical waste, dressings, and solid waste. Ensure windows are sealed by installing screens, apply pesticide as required, install fly catchers if available and avoid water stagnation in and around the hospital

The pest control activities depends on the total floor area of Hospital. Chemical agents used for pest control activities should be suitable for hospital. The agency for pest control should provide details of chemicals like- name of chemical, name of company, concentration, chemical

composition, quantity consumed, size of packing, batch no, manufacturing and expiry date. Keep a small stock of antidote also available.

**Quality assurance of pest control activities:**

- Records of application if outsourced.
- Emergency calls and its response time.
- Monthly feedback.
- Application of chemicals.

**16. LINEN AND LAUNDRY MANAGMENT**

To provide process, instructions and methodology for Management of Linen in the hospital. This applies to the management of hospital’s linen ensuring adequate cleaning of the linen for better hygienic hospital environment and their proper accountability

**LINEN**


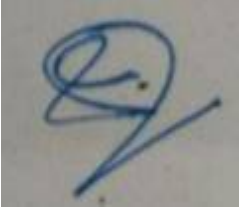

Linen in healthcare facility generally includes bed sheets, blankets, towels, personal clothing, patient hospital dress, scrub suits , gowns and drapes for surgical procedures etc. Although soiled linen and textiles have been identified as source of large numbers of pathogenic microorganisms. The risk of actual disease transmission is negligible. Basic hygienic approaches for handling, processing and storage of linen are sufficient to reduce the risk of cross infections. The hospital linen shall be laundered between patients, when it is visibly soiled or as per the policy of Hospital which shall be preferably daily.

**LAUNDRY FACILITY**


The laundry is outsourced in GDCHA.

**HANDLING OF LINEN:**

The handling of linen consists of 4 processes:

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- Collecting
- Transporting
- Processing
- Storing

**COLLECTION OF USED CLEAN LINEN FROM PATIENT AREAS:**


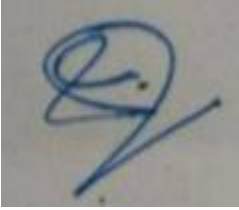

- Used clean linen is collected from all patient areas daily.


**COLLECTION OF SOILED LINEN FROM PATIENT AREAS:**

- Use PPE to handle used and soiled linen
- Linen soiled with blood, body fluid, etc should never be soaked on site.
- All soiled linen are packed in BMW yellow bags.
- Operators should wear proper personal protective equipment(PPE's) for their safety
- Bags are taken in covered trolley to soiled linen washing area ( 3<sup>rd</sup> floor).
- All soiled linen is soaked in the required disinfectant for 30 minutes.
- This Linen can now be treated as used clean linen.
- Full laundry bags should not be kept for collection in public areas
- Bags of dirty linen used or soiled or infected linen must be stored in a secure area.
- Used linen should be kept separate from soiled linen at all times.
- No linen to be stored on the floor

**LINEN WHICH NEED SPECIAL HANDLING BEFORE DISPATCH TO LAUNDRY**

- Soiled linens - Soaked 0.5% Hypochlorite solution for 30 minutes.
- All wet linen is considered contaminated and is bagged in yellow bags in the ward area, and such linen should be handled using standard precautions.
- The laundry trolley/ bags, particularly the large laundry bins shall be stored in a predetermined dirty area that is at least one meter from any clean item. Impervious plastic used to cover mattresses and pillows are not to be sent to the laundry for cleaning and disinfecting as they can be effectively cleaned onsite using an appropriate disinfectants.
- Mattresses and pillows must also be monitored for wear and tear and replaced as and when required. Remove PPE after handling soiled linen and perform hand hygiene before handling cleanlinen.

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### PROCESSING OF STERILE LINEN

Only linen used in procedures requiring sterile technique should be sterilized. This process is done in the TSSU. (refer sterilization and disinfection)

### DELIVERY OF WASHED LINEN




- The linen is returned to the user departments by the linen keeper and record of the same is entered in the concerned register.
- The head nurse/ in charge of the ward/department is responsible for obtaining washed and dried linen from the linen keeper.
- While collecting the linen, the head nurse/ in charge of the ward/ department is responsible or physical verification of the linen at the time of delivery by cross checking the same with the details are to be entered in the concerned register.
- This is done to ensure that there is no discrepancy with the number, type of linen and their condition etc.
- No linen to be stored on the floor
- Do not leave extra linen in patients' rooms.
- Handle clean linen as little as possible.
- Avoid shaking clean linen. It releases dust and lint into the room.


## 17. ORGANIZATIONAL SURVEILLANCE ACTIVITIES TO CAPTURE AND MONITOR INFECTION PREVENTION AND CONTROL DATA

To establish policies and procedures to perform surveillance activities to capture and monitor infection prevention and control data

### RATIONALE

Surveillance is a process for monitoring specific outcomes of patient care delivery related to infection risk factors and infection prevention/control activities. It provides baseline and trend data for use in problem identification, monitoring and for assessment of outcomes related to interventions. It assists in targeting intervention and identifying educational needs.

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### OBJECTIVES OF SURVEILLANCE

**SURVEILLANCE IS AN ONGOING PROCESS. SURVEILLANCE HELPS IN THE FOLLOWING:**

- To recognize any unusual level of incidence or outbreak
- To judge the desirability of introducing special control measures
- To assess the efficiency of regular preventive measures
- To provide feedback
- To reduce the level of avoidable infection
- To establish endemic baseline data
- To identify high-risk patients

Surveillance for infection can be **active** or **passive**

#### PATIENT POPULATIONS

- Inpatient
- Outpatient
- Health care workers and volunteers




#### TYPES OF SURVEILLANCE


##### • PASSIVE SURVEILLANCE:

- Clinicians suspecting occurrence of HAI may report this to the ICO of the HIC team. All details regarding the patient, procedures, medication etc. are made available.
- Infections control nurse examines lab reports daily and discusses it with the Microbiologist.
- She/ He then visits the relevant patients and gathers necessary information. She determines whether it is healthcare associated infection and community acquired infection which helps in identifying cross infections and outbreaks.

##### • ACTIVE SURVEILLANCE

- Daily visit to all wards and high risk area
- Infection control nurse has to visit all the wards daily or several times a week and examine all records of all clinical infections.

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### DATA COLLECTION METHODS

- Daily and Monthly Surveillance forms
- Laboratory reports including the Microbiology laboratory reports
- Patient records

The persons responsible for data collection are




- Data collection: Infection Control Nurse and the Staff Nurse.
- Data evaluation: infection control officer, accreditation coordinator
- Follow-up: The infection control committee with appropriate unit(s), department(s), service(s), or committee(s).


### METHODS FOR REPORTING AND FOLLOW-UP

- The goal of reporting and follow-up is to focus on interventions that will improve patient outcomes.
- "Surveillance" reporting will be an on-going component of the infection control programme.
- In GDCHA surveillance activities are appropriately directed towards the identified high risk areas and procedures.( Refer High Risk areas and procedures)

### VARIOUS SURVEILLANCE ACTIVITIES CARRIED OUT

Sr No	Surveillance activity	Frequency	Method of Surveillance
1	Infection control activities surveillance	Daily	Observational Checklist Based audit
2	Housekeeping surveillance-Daily	Daily	Observational Checklist Based audit
3	Hand hygiene adherence surveillance	Daily	Observational Checklist Based audit based on WHO hand hygiene checklist
4	Health Care Associated Infection Surveillance –monthly	Monthly	Observational Checklist Based audit on CDC 2016 guidelines. Ongoing daily active surveillance
5	Surgical Safety Checklist adherence Surveillance	Monthly	Observational Checklist Based audit




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<b>6</b>	Antibiotic Usage Monitoring Surveillance for antibiotic prophylaxis and adherence to antibiotic policy	Monthly	Observational Checklist Based audit
<b>7</b>	Sharp Injury and Post exposure Prophylaxis Surveillance	Monthly	Incident monitoring and active surveillance
<b>8</b>	BMW management surveillance- Monthly	Monthly	Observational Checklist Based audit
<b>9</b>	Environmental Microbiological Surveillance	15 Days	Surveillance based on lab reports
<b>10</b>	Water testing	Quarterly	Surveillance based on lab reports

All the surveillance are checklist based observational audit. The periodic surveillance activities are carried out in all patient care areas including -identified high risk areas and procedures. It is conducted at above mentioned frequency and most of the time active on going surveillance is carried out and passive surveillance is also done from laboratory reports as per the activity. The surveillance system adheres to the national/ international guidelines. Surveillance activities includes the areas of demolition, construction or repair in high risk areas.

- The collection of surveillance data is an ongoing process. In GDCHA there is a system and process in place to collect surveillance data and also ensures that it is captured properly which is standardized checklist based.
- The infection control team verifies the data on a regular basis. The data collected is authenticated by infection control team by random sampling for process validation. All the serious infection are verified as single case and reported.
- The surveillance activities tracks and analyzes the infection risks, rates and trends which is done on monthly basis and consolidated annual report is made. On the basis of surveillance and its analysis the GDCHA takes the action accordingly.
- The risk factor analysis is done for bed sore patients, catheterized patients, high risk procedure, post operative patients and infection and risk adjusted rates are calculated refer case sheet, refer HAI surveillance form
- The GDCHA monitors the compliance to the hand hygiene guidelines as a part of

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surveillance on monthly basis and sample size is chosen as per categories of staff involved in direct patient care. It also communicates the hand hygiene adherence compliance level with the relevant concerned staff.




- GDCHA monitors the effectiveness of housekeeping as a surveillance activity on regular basis daily housekeeping checklist is filled and supervised by the sanitary inspector of GDCHA
- Whenever possible, infection indicators will be expressed as rates while reporting data. Denominators will vary based on appropriateness and availability (e.g. admissions, discharges, patient days, procedures, device days, at-risk days).
- The GDCHA infection control team provides reports, feedback to the appropriate personnel, unit, department, service, or committee in a timely manner for the issues related to staff and opportunities for improvement including data from other surveillance activities which also provides inputs to reduce HAI.
- In case of the notifiable diseases the information is sent to the local authorities like corporation, IDSP- Epidemic cell State Gandhinagar as per local/ state/national laws, rules, regulations and notifications. It is sent as it is suspected and diagnosed as IDSP daily , weekly, monthly report & line list like malaria, tuberculosis, dengue etc


#### HEALTH CARE ASSOCIATED INFECTION SURVEILLANCE

- Surveillance is defined as the continuing scrutiny of all aspects of the occurrence and the spread of a disease that are pertinent to effective control.
- It is as the ongoing systematic collection, analysis and interpretation of health essential to planning, implementation and evaluation of the public health practice closely integrated with timely dissemination of this data to those who need to know.
- Health care associated infection surveillance is a program designed to investigate, control and prevent hospital acquired infections

#### INDICATOR INFECTIONS ARE MONITORED AS PER CDC CURRENT GUIDELINES

- Surgical Site infection( SSI)
- Catheter associated urinary tract infection (CAUTI)

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## CATHETER ASSOCIATED URINARY TRACT INFECTIONS

Urinary tract infection includes symptomatic urinary tract infection, asymptomatic bacteriuria, and other Indwelling catheter: A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag (including leg bags). These devices are also called Foley catheters. Condom or straight in-and-out catheters are not included nor are nephrostomy tubes, ileoconduits, or suprapubic catheters unless a Foley catheter is also present. Indwelling urethral catheters that are used for intermittent or continuous irrigation are included in CAUT surveillance infections of the urinary tract.




Table 1. Urinary Tract Infection Criteria

Criterion	Urinary Tract Infection (UTI)
	<b>Symptomatic UTI (SUTI)</b> Must meet at least <b>one</b> of the following criteria:
<b>SUTI 1a</b>  <b>Catheter-associated Urinary Tract Infection (CAUTI)</b>	Patient must meet 1, 2, <u>and</u> 3 below: <ol style="list-style-type: none"> <li>1. Patient had an indwelling urinary catheter that had been in place for &gt; 2 days on the date of event (day of device placement = Day 1) AND was either:               <ul style="list-style-type: none"> <li>• Present for any portion of the calendar day on the date of event<sup>†</sup>, OR</li> <li>• Removed the day before the date of event<sup>‡</sup></li> </ul> </li> <li>2. Patient has at least <b>one</b> of the following signs or symptoms:               <ul style="list-style-type: none"> <li>• fever (&gt;38.0°C)</li> <li>• suprapubic tenderness*</li> <li>• costovertebral angle pain or tenderness*</li> <li>• urinary urgency ^</li> <li>• urinary frequency ^</li> <li>• dysuria ^</li> </ul> </li> <li>3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml (See Comment Section on page 7-8). All elements of the UTI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li> </ol> <p>† When entering event into NHSN choose “INPLACE” for Risk Factor for Urinary Catheter            ‡ When entering event into NHSN choose “REMOVE” for Risk Factor for Urinary Catheter            *With no other recognized cause (see Notes below)            ^ These symptoms cannot be used when catheter is in place</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• An indwelling urinary catheter in place could cause patient complaints of “frequency” “urgency” or “dysuria” and therefore these cannot be used as symptoms when catheter is in place.</li> <li>• Fever is a non-specific symptom of infection and cannot be excluded from UTI determination because it is clinically deemed due to another recognized cause.</li> </ul>


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<b>SUTI 1b Non- Catheter- associated Urinary Tract Infection (Non- CAUTI)</b>	<p>Patient must meet 1, 2, <u>and</u> 3 below:</p> <ol style="list-style-type: none"> <li>One of the following is true:           <ul style="list-style-type: none"> <li>Patient has/had an indwelling urinary catheter but it has/had not been in place &gt;2 calendar days on the date of event<sup>†</sup></li> <li><b>OR</b></li> <li>Patient did not have a urinary catheter in place on the date of event nor the day before the date of event<sup>†</sup></li> </ul> </li> <li>Patient has at least <b><i>one</i></b> of the following signs or symptoms:           <ul style="list-style-type: none"> <li>fever (&gt;38°C) in a patient that is ≤ 65 years of age</li> <li>suprapubic tenderness*</li> <li>costovertebral angle pain or tenderness*</li> <li>urinary frequency<sup>^</sup></li> <li>urinary urgency<sup>^</sup></li> <li>dysuria<sup>^</sup></li> </ul> </li> <li>Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥10<sup>5</sup> CFU/ml. (See comment section on page 7-8) All elements of the SUTI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li> </ol> <p>† When entering event into NHSN choose “NEITHER” for Risk Factor for Urinary Catheter        *With no other recognized cause (see Notes below)        ^These symptoms cannot be used when catheter is in place.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>An indwelling urinary catheter in place could cause patient complaints of “frequency” “urgency” or “dysuria” and therefore these cannot be used as symptoms when catheter is in place.</li> <li>Fever is a non-specific symptom of infection and cannot be excluded from UTI determination because it is clinically deemed due to another recognized cause.</li> </ul>
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<p><b>SUTI 2</b></p> <p><b>CAUTI or Non-CAUTI in patients 1 year of age or less</b></p>	<p>Patient must meet 1, 2, and 3 below:</p> <ol style="list-style-type: none"> <li>1. Patient is <math>\leq 1</math> year of age (with<sup>‡</sup> or without an indwelling urinary catheter)</li> <li>2. Patient has at least <u>one</u> of the following signs or symptoms: <ul style="list-style-type: none"> <li>• fever (<math>&gt;38.0^{\circ}\text{C}</math>)</li> <li>• hypothermia (<math>&lt;36.0^{\circ}\text{C}</math>)</li> <li>• apnea*</li> <li>• bradycardia*</li> <li>• lethargy*</li> <li>• vomiting*</li> <li>• suprapubic tenderness*</li> </ul> </li> <li>3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml. (See comment section on page 7-8) All elements of the SUTI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li> </ol> <p><sup>‡</sup> If patient had an indwelling urinary catheter in place for <math>&gt;2</math> calendar days, and catheter was in place on the date of event or the previous day the CAUTI criterion is met. If no such indwelling urinary catheter was in place, UTI (non-catheter associated) criterion is met.</p> <p>*With no other recognized cause</p> <p><b>Note:</b> Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another recognized cause.</p>
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	<b>Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)</b>
	<p>Patient must meet 1, 2, <u>and</u> 3 below:</p> <ol style="list-style-type: none"> <li>1. Patient with* or without an indwelling urinary catheter has <u>no</u> signs or symptoms of SUTI 1 or 2 according to age (<b>Note:</b> Patients &gt; 65 years of age with a non-catheter-associated ABUTI <u>may</u> have a fever and still meet the ABUTI criterion)</li> <li>2. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml (see Comment section below)</li> <li>3. Patient has organism identified** from blood specimen with at least <u>one</u> matching bacterium to the bacterium identified in the urine specimen, or meets <a href="#">LCBI criterion 2</a> (without fever) and matching common commensal(s) in the urine. All elements of the ABUTI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li> </ol> <p>*Patient had an indwelling urinary catheter in place for &gt;2 calendar days, with day of device placement being Day 1, and catheter was in place on the date of event or the day before.</p> <p>** Organisms identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST).</p>
<b>Comment</b>	<p>“Mixed flora” is not available in the pathogen list within NSHN. Therefore it cannot be reported as a pathogen to meet the NHSN UTI criteria. Additionally, “mixed flora” represent at least two species of organisms. Therefore, an additional organism recovered from the same culture would represent &gt;2 species of microorganisms. Such a specimen also cannot be used to meet the UTI criteria.</p> <p>The following excluded organisms cannot be used to meet the UTI definition:</p> <ul style="list-style-type: none"> <li>• <i>Candida</i> species or yeast not otherwise specified</li> <li>• mold</li> <li>• dimorphic fungi or</li> <li>• parasites</li> </ul>

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Table 2. Urinary System Infection Criteria

<b>Criterion</b>	<p><b>Urinary System Infection (USI) (kidney, ureter, bladder, urethra, or tissue surrounding the retroperitoneal or perinephric space)</b></p> <p>Other infections of the urinary system must meet at least <b><u>one</u></b> of the following criteria:</p>
	<ol style="list-style-type: none"> <li>1. Patient has microorganisms identified** from fluid (excluding urine) or tissue from affected site</li> <li>2. Patient has an abscess or other evidence of infection on gross anatomical exam, during invasive procedure, or on histopathologic exam</li> <li>3. Patient has at least <b><u>one</u></b> of the following signs or symptoms: <ul style="list-style-type: none"> <li>• fever (&gt;38.0°C)</li> <li>• localized pain or tenderness*</li> </ul> <p style="text-align: center;"><b>And at least <u>one</u> of the following:</b></p> <ol style="list-style-type: none"> <li>a) purulent drainage from affected site</li> <li>b) organisms identified** from blood and imaging test evidence of infection (e.g., ultrasound, CT scan, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium])</li> </ol> </li> </ol> <ol style="list-style-type: none"> <li>1. Patient ≤1 year of age has at least <b><u>one</u></b> of the following signs or symptoms: <ul style="list-style-type: none"> <li>• fever (&gt;38.0°C)</li> <li>• hypothermia (&lt;36.0°C)</li> <li>• apnea*</li> <li>• bradycardia*</li> <li>• lethargy*</li> <li>• vomiting*</li> </ul> <p style="text-align: center;"><b>And at least <u>one</u> of the following:</b></p> <ol style="list-style-type: none"> <li>a) purulent drainage from affected site</li> <li>b) organisms identified** from blood and imaging test evidence of infection, (e.g., ultrasound, CT scans, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium])</li> </ol> </li> </ol>

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	<p>* With no other recognized cause</p> <p>** Organisms identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST).</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from USI determination because they are clinically deemed due to another recognized cause.</li> <li>All elements of the USI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li> </ul>
<b>Comments</b>	<ul style="list-style-type: none"> <li>Report infections following circumcision in newborns as SST-CIRC.</li> <li>If patient meets USI criteria and they also meet UTI criteria, report UTI only, unless the USI is a surgical site organ/space infection, in which case, only USI should be reported.</li> <li>For NHSN reporting purposes, Urinary System Infection (USI) cannot be catheter associated, therefore, USI will only present as specific event type if urinary catheter status is marked “Neither”.</li> </ul>

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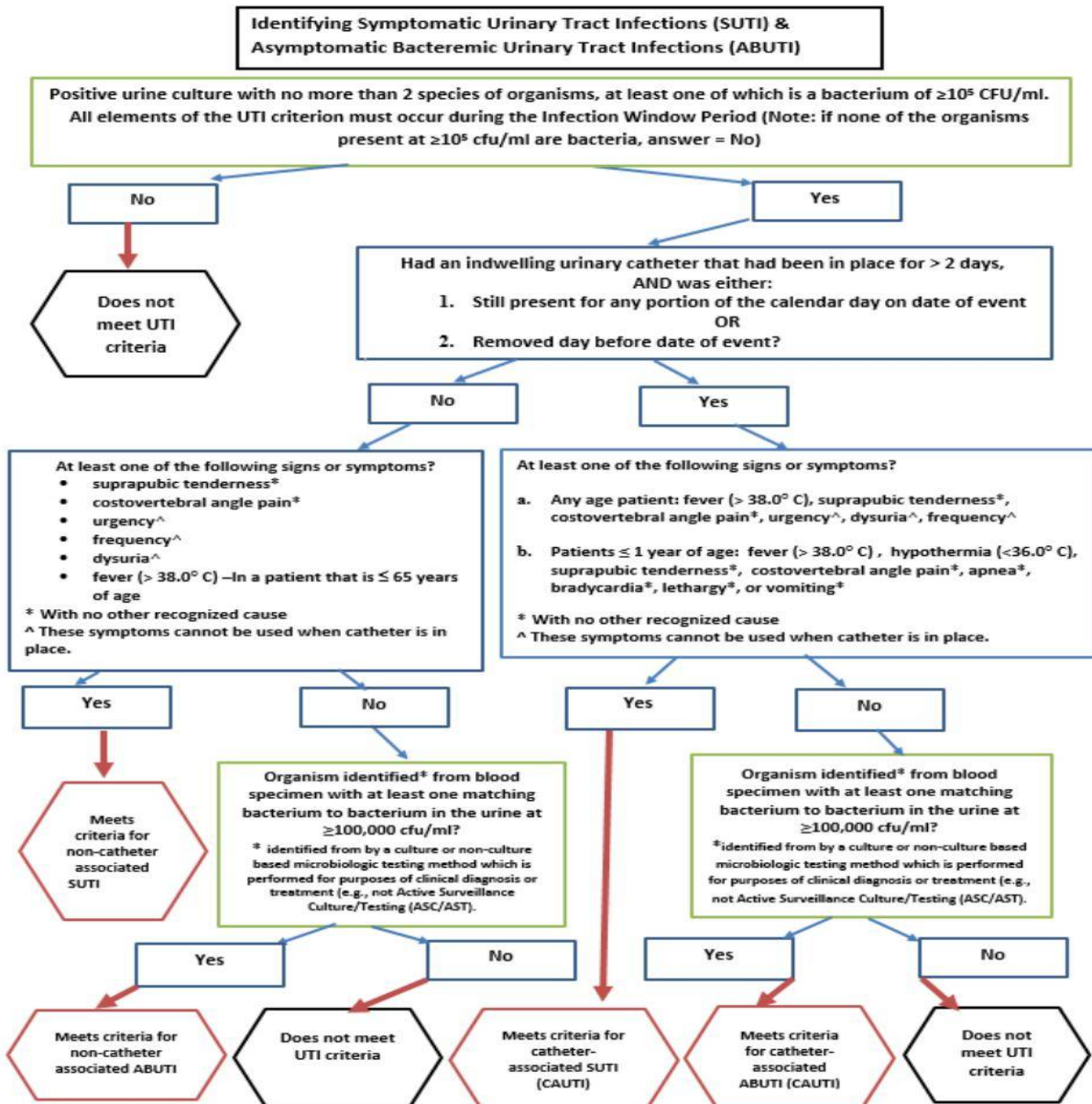




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Figure 3: Identifying SUTI and ABUTI Flowchart



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### SURGICAL SITE INFECTIONS

SSIs were the most common healthcare-associated infection, accounting for 31% of all HAIs among hospitalized patients<sup>2</sup>. SSI monitoring requires active, patient-based, prospective surveillance. Post-discharge and ante-discharge surveillance method are used to detect SSIs following inpatient and outpatient operative procedures.

These methods include: like direct examination of patients' wounds during follow-up visits and review of medical records or surgery records,

### RISK FACTORS

ASA physical status: Assessment by the anesthesiologist of the patient's preoperative physical condition using the American Society of Anesthesiologists' (ASA) Classification of Physical Status.

Patient is assigned one of the following:




- A normally healthy patient
- A patient with mild systemic disease
- A patient with severe systemic disease
- A patient with severe systemic disease that is a constant threat to life
- A moribund patient who is not expected to survive without the operation.


Duration of operative procedure: The interval in hours and minutes between the Procedure/Surgery Start Time, and the Procedure/Surgery Finish Time, as defined by the Association of Anesthesia Clinical Directors (AACD)

- Procedure/Surgery Start Time (PST): Time when the procedure is begun (e.g., incision for a surgical procedure).
- Procedure/Surgery Finish (PF): Time when all instrument and sponge counts are completed and verified as correct, all postoperative radiologic studies to be done in the OR are completed, all dressings and drains are secured, and the physicians/surgeons have completed all procedure-related activities on the patient.

Emergency operative procedure: A nonelective, unscheduled operative procedure. Emergency operative procedures are those that do not allow for the standard immediate preoperative preparation normally done within the facility for a scheduled operation (e.g., stable vital signs, adequate antiseptic skin preparation, etc.).

General anesthesia: The administration of drugs or gases that enter the general circulation and affect

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the central nervous system to render the patient pain free, amnesic, unconscious, and often paralyzed with relaxed muscles. This does not include conscious sedation.

NHSN Inpatient Operative Procedure: An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days.

NHSN Outpatient Operative Procedure: An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and date of discharge are the same calendar day.

Procedures performed at an ASC should be designated as outpatient procedures. Non-primary Closure is defined as closure that is other than primary and includes surgeries in which the skin level is left completely open during the original surgery and therefore cannot be classified as having primary closure. For surgeries with non-primary closure, the deep tissue layers may be closed by some means (with the skin level left open), or the deep and superficial layers may both be left completely open. An example of a surgery with non-primary closure would be a laparotomy in which the incision was closed to the level of the deep tissue layers, sometimes called “fascial layers” or “deep fascia,” but the skin level was left open. Another example would be an “open abdomen” case in which the abdomen is left completely open after the surgery. Wounds with non-primary closure may or may not be described as “packed” with gauze or other material, and may or may not be covered with plastic, “wound vacs,” or other synthetic devices or materials. Primary Closure is defined as closure of the skin level during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. This category includes surgeries where the skin is closed by some means. Thus, if any portion of the incision is closed at the skin level, by any manner, a designation of primary closure should be assigned to the surgery.


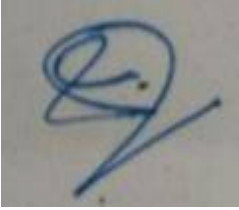

Trauma: Blunt or penetrating injury occurring prior to the start of the procedure


Wounds are divided into four classes:

- **Clean:** An uninfected operative wound in which no inflammation is encountered and the respiratory, alimentary, genital, or uninfected urinary tracts are not entered. In addition, clean wounds are primarily closed and, if necessary, drained with closed drainage. Operative incisional wounds that follow nonpenetrating (blunt) trauma should be included in this category if they meet the criteria.

**Note:** The clean wound classification level will not be available for denominator data entry for the following NHSN operative procedure categories: APPY, BILI, CHOL, COLO, REC, SB, and VHYS 2.




- **Clean-Contaminated:** Operative wounds in which the respiratory, alimentary, genital, or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina,

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and oropharynx are included in this category, provided no evidence of infection or major break in technique is encountered.

- **Contaminated:** Open, fresh, accidental wounds. In addition, operations with major breaks in sterile technique (e.g., open cardiac massage) or gross spillage from the gastrointestinal tract, and incisions in which acute, nonpurulent inflammation is encountered including necrotic tissue without evidence of purulent drainage (e.g., dry gangrene) are included in this category.
- **Dirty or Infected:** Includes old traumatic wounds with retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.




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**Table 1. Surgical Site Infection Criteria**


Criterion	Surgical Site Infection (SSI)
	<b>Superficial incisional SSI</b> Must meet the following criteria:
	Infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) <b>AND</b> involves only skin and subcutaneous tissue of the incision <b>AND</b> patient has at least <b><i>one</i></b> of the following: <ol style="list-style-type: none"> <li>purulent drainage from the superficial incision.</li> <li>organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST).</li> <li>superficial incision that is deliberately opened by a surgeon, attending physician** or other designee and culture or non-culture based testing is not performed.</li> </ol> <b>AND</b> patient has at least <b><i>one</i></b> of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. A culture or non-culture based test that has a negative finding does not meet this criterion. <ol style="list-style-type: none"> <li>diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee.</li> </ol>

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<b>Criterion</b>	<b>Surgical Site Infection (SSI)</b>
<b>Comments</b>	<p>There are two specific types of superficial incisional SSIs:</p> <ol style="list-style-type: none"> <li>1. Superficial Incisional Primary (SIP) – a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)</li> <li>2. Superficial Incisional Secondary (SIS) – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB)</li> </ol>

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Criterion	Surgical Site Infection (SSI)
	<p><b>Deep incisional SSI</b>            Must meet the following criteria:            Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in <a href="#">Table 2</a>  <b>AND</b>            involves deep soft tissues of the incision (e.g., fascial and muscle layers)  <b>AND</b>            patient has at least <b>one</b> of the following:</p> <ol style="list-style-type: none"> <li>purulent drainage from the deep incision.</li> <li>a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee and organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed  <b>AND</b>            patient has at least <b>one</b> of the following signs or symptoms: fever (&gt;38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.</li> <li>an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test</li> </ol> <p>** The term attending physician for the purposes of application of the NHSN SSI criteria may be interpreted to mean the surgeon(s), infectious disease, other physician on the case, emergency physician or physician's designee (nurse practitioner or physician's assistant).</p>
<b>Comments</b>	There are two specific types of deep incisional SSIs: <ol style="list-style-type: none"> <li>Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)</li> <li>Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB)</li> </ol>
	<p><b>Organ/Space SSI</b>            Must meet the following criteria:</p> <p>Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in <a href="#">Table 2</a></p>

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Criterion	Surgical Site Infection (SSI)
	<p><b>AND</b> infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure</p> <p><b>AND</b> patient has at least <b><i>one</i></b> of the following:</p> <ol style="list-style-type: none"> <li>a. purulent drainage from a drain that is placed into the organ/space (e.g., closed suction drainage system, open drain, T-tube drain, CT guided drainage)</li> <li>b. organisms are identified from an aseptically-obtained fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST).</li> <li>c. an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test</li> </ol> <p><b>AND</b> meets at least <b><i>one</i></b> criterion for a specific organ/space infection site listed in <a href="#">Table 3</a>. These criteria are found in the <a href="#">Surveillance Definitions for Specific Types of Infections</a> chapter.</p>

#### HEALTH CARE ASSOCIATED INFECTION RATES

Catheter Associated Urinary Tract Infection (CAUTI)Rate	Number of urinary catheter associated UTIs in a month / Number of urinary catheter days in that month X 1000
Surgical site infection (SSI) rate	Number of surgical site infections in a given month / Number of surgeries performed in that month X 100

\*Appropriate case definitions of each health care associated infections as described by the

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C.D.C. (Centers for diseases control and prevention) are used

### **ACTIONS TAKEN TO PREVENT AND CONTROL HEALTH CARE ASSOCIATED INFECTIONS ( HAI) IN PATIENTS.**

To establish policies and procedures to take action to prevent and control Health Care Associated infections ( HAI) in patients

### **ASEPTIC PRECAUTIONS FOR VARIOUS PROCEDURES**

The objective of aseptic practices is to reduce endogenous and exogenous source of infection to patients and healthcare workers. Some of the indication for aseptic practices are as follows:

- During surgical procedures,
- Procedures like -Urinary Catheterization
- During care and nursing of patients.
- During intra vascular access and procedures
- During Invasive and non-invasive monitoring.


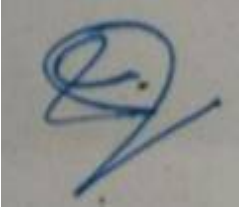

Following Aseptic Practices should be followed


- Hand Hygiene
- Barrier Nursing - (PPE)
- Safe Handling of sharps
- Use of sterilized equipments and instruments.
- Disinfection of skin

### **CARE OF SYSTEMS AND INDWELLING DEVICES**

#### **GENERAL GUIDELINES TO BE FOLLOWED FOR ALL PROCEDURES:**

- Hand washing is mandatory before, after and in-between procedures and patients.
- Each health care worker should be familiar with the personal protection (Universal precautions) required for each procedure. These precautions should be strictly adhered to.
- Follow proper waste segregation & disposal after each procedure.

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## URINARY CATHETER

### URETHRAL CATHETERIZATION PERSONNEL

Only persons who know the correct technique of aseptic insertion and maintenance of catheters should handle catheters.

### CATHETER USE

Urinary catheters should be inserted only when necessary and left in place only as long as medically necessary.

### HAND WASHING


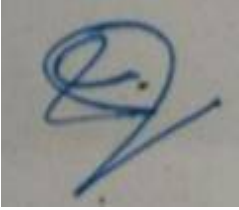

Hand washing should be done immediately before and after any manipulation of the catheter site or apparatus.


### CATHETER INSERTION

- Catheterize only when necessary. Condom catheter drainage, suprapubic catheterization, and intermittent urethral catheterization can be useful alternatives to indwelling urethral catheterization.
- Use smallest suitable bore catheter consistent with good drainage and to minimize urethral trauma.
- Catheters should be inserted using aseptic technique and sterile equipment.
- Use sterile gloves, sterile drape, swabs, single packet of lubricant jelly
- Use an appropriate antiseptic solution (savlon or betadine) for periurethral cleaning.
- As small a catheter as possible, consistent with good drainage, should be used to minimize urethral trauma.
- Indwelling catheters should be properly secured after insertion to prevent movement and urethral traction.

### ANCHORING THE CATHETER

Strapping of the catheter is done to the lower anterior abdominal wall in male patients. This is to prevent direct transmission of the weight of the bag on the catheter, so that pulling and

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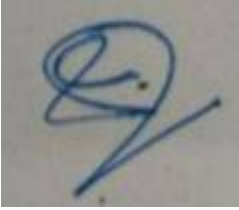

inadvertent dislodgment of the catheter does not occur. This also helps to prevent stricture of the penile urethra if the patient is on a catheter for a long duration.


### CATHETER CARE

- Educate personnel in correct techniques of catheter insertion and care. Periodically re-educate personnel in catheter care.
- A sterile continuously closed drainage system should be maintained.
- The catheter and collecting tube should be kept from kinking.
- The collecting bag should be emptied regularly using a separate collecting container for each patient.
- The collecting bags should always be kept below the level of the bladder.
- The catheter and drainage tube should not be disconnected unless the catheter must be irrigated.
- If breaks in aseptic technique, disconnection, leakage occur, the collecting system should be replaced using aseptic technique after disinfecting the catheter tubing junction.
- Routine irrigation and use of antimicrobials for irrigation should be avoided.
- The catheter tubing junction should be disinfected before disconnection. A large volume sterile syringe and sterile irrigant should be used and then discarded. The person performing irrigation should use aseptic technique.
- If small volumes of fresh urine are needed for examination, the distal end of the catheter or preferably the sampling port if present, should be cleansed with a disinfectant, and urine then aspirated with a sterile needle and syringe.
- Indwelling catheters should not be changed at arbitrary fixed intervals but should be removed as soon as not needed.

### CATHETER-ASSOCIATED URINARY TRACT INFECTION CARE BUNDLE INSERTION BUNDLE

- Patient should meet Foley catheter criteria for insertion.
- Hand hygiene at all appropriate times.
- Utilize as small a catheter as possible.
- Pericare cleaning just prior to insertion.
- Cleanse with alcohol wipe or soap and water before cleansing with Betadine

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- Use strict aseptic technique, to include use of sterile field, antiseptic prep, maintain sterility of the gloved hand, and utilize tray items appropriately.
- Use a catheter securement device.
- Place and maintain the collection bag below the level of the patient's bladder at all times.
- Document insertion of Foley on the Urinary Catheter Insertion Form




#### MAINTENANCE BUNDLE

- Perform Hand Hygiene before and after handling any urinary catheter.
- Use a securement device to hold the catheter in place and increase patient comfort.
- Keep the urinary bag below the level of patient's bladder. Position urinary system to drain away from the patient with no loops or kinks in the tubing.
- Use the sheet clip attached to the tubing, to direct urine into collection bag.
- Maintain catheter system as a closed system. Avoid breaking tamper resistant seal or changing bag when possible.
- Perform Pericare daily and with each episode of fecal incontinence.
- Document Pericare.
- Use a dedicated container for measuring and emptying urine. DON'T SHARE.
- Remove Foley when no longer indicated
- If Clinician requests Foley/Coude to remain, a written note for indication will be documented daily in patient chart and care bundle monitoring forms
- Accidental delining/ removal while change in position can be caught by bed rail or hand rail, transfer shifting patient can be caught by wheel chair or stretcher, can be removed due to patient behavior. Monitoring by the nurse staff and training of attendant/ patient/ patient relative who shifts the patients about preventive measures


#### VASCULAR CARE

##### HAND WASHING

Wash hands before every attempted intravascular catheter insertion. Antimicrobial handwashing soaps are desirable, and are preferred before attempted insertions of central intravenous catheters, catheters requiring cutdowns, and arterial catheters.

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### PREPARATION OF SKIN

Povidone-iodine (PVP) or 70% alcohol may be used for cleaning the skin. Insertion sites should be scrubbed with a generous amount of antiseptic. Beginning at the centre of the insertion site, use a circular motion and move outward. Antiseptics should have a contact time of at least 30 seconds prior to catheter insertion. Antiseptics is not be wiped off with alcohol prior to catheter insertion.

### APPLYING DRESSINGS

Sterile dressings should be applied to cover catheter insertion sites. Unsterile adhesive tape should not be placed in direct contact with the catheter-skin interface.

### INSPECTING CATHETER INSERTION SITES

Intravascular catheters should be inspected daily and whenever patients have unexplained fever or complaints of pain, tenderness, or drainage at the site for evidence of catheter related complications. Inspect for signs of infection (redness, swelling, drainage, tenderness) or phlebitis and also palpate gently through intact dressings.

### MANIPULATION OF INTRAVASCULAR CATHETER SYSTEMS

Strict aseptic technique should be maintained when manipulating intravascular catheter systems. Examples of such manipulations include the following:




- Placing a heparin lock
- Starting and stopping an infusion
- Changing an intravascular catheter site dressing
- Changing an intravascular administration set


### FLUSHING IV LINES

Solutions used for flushing IV lines should not contain glucose which can support the growth of microorganisms. Do not reuse syringes used for flushing. One syringe is used for flushing only one IV line once.

### PERIPHERAL IV SITES (SHORT TERM CATHETERS): DRESSING CHANGES.

Peripheral IV site dressings should dressings should be changed every 72 hours.

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### REPLACEMENT OF PERIPHERAL IV CATHETERS




Peripheral IV catheters should not be removed before 72 hours after insertion, provided no IV-related complications, there are signs of phlebitis, infection or malfunction. A new peripheral IV catheter, if required, may be inserted at a new site.


### PERIPHERAL IV CATHETER INFECTION CARE BUNDLE INSERTION BUNDLE

- Avoid unnecessary cannulation
- Insert IV catheter using strict aseptic technique and use sterile items
- Disinfect skin with 2%chlorhexidine gluconate in 70% isopropyl alcohol and allow it to dry
- Use a sterile dressing at insertion site
- Record date of insertion in medical note

### MAINTENANCE BUNDLE

- Review need for catheter on daily basis
- Inspect cannula on daily basis for sign of infection- as per VIP Score
- Use aseptic technique for daily care ( hand hygiene before accessing the device and disinfect catheter hub)
- Replace cannula in a new site after 72 hour or earlier if clinically indicated
- Replace cannula immediately after administration of blood/blood product and 72 hours after other fluids.
- Change the tubings immediately after each unit of blood transfusion or after 4 hours , every 24hours for lipid emulsion and TPN and every 48 hours for other fluids
- Accidental delining/ removal while change in position can be caught by bed rail or hand rail , transfer shifting patient can be caught by wheel chair or strecher, can be removed due to patient behavior. Monitoring by the nurse staff and training of attendant/ patient/ patient relative who shifts the patients about preventive measures

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**Ensure these essential elements are completed during cannula insertion**




<p><b>Hand hygiene</b> Do not touch the vascular access device or associated equipment unless you are compliant with hand hygiene precautions.</p> <p><b>Personal protection</b> Gloves and aprons are required when completing any interaction that requires touching or manipulation of the vascular access device or associated equipment.</p> <p><b>Asepsis - non touch</b> During insertion or any subsequent interaction, ensure key parts are protected from inadvertent touch contamination.</p>	<p><b>Procedure tray</b> Preparation of a procedure tray must be completed and key parts are protected from touch contamination.</p> <p><b>Skin preparation</b> Clean the skin with 2% chlorhexidine gluconate in 70% isopropyl alcohol for thirty seconds and allow to dry.</p> <p><b>Sharps safety</b> Following removal of the sharp from the patient, it must be discarded immediately into a sharps container. Sharps must not be used to administer via a needlefree device.</p>	<p><b>Dressing intact</b> Ensure that the dressing is applied. Include strips to assist with stabilisation of the wings. Apply a date strip to indicate date of insertion.</p> <p><b>Flushing</b> Flush the cannula with sodium chloride 0.9% for intravenous use. Use a short extension and needlefree device to assist with prevention of premature cannula failure.</p> <p><b>Documentation and care planning</b> Documentation and care planning is an essential element to prevent premature cannula failure. This document will centralise all cannula care records.</p>
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**Ensure these essential elements are completed during cannula care**

<p><b>Hand hygiene</b> Do not touch the vascular access device or associated equipment unless you are compliant with hand hygiene precautions.</p> <p><b>Sharps safety</b> Following removal of the sharp from the patient, it must be discarded immediately into a sharps container. Sharps must not be used to administer via a needlefree device.</p> <p><b>Asepsis - non touch</b> During insertion or any subsequent interaction, ensure key parts are protected from inadvertent touch contamination.</p> <p><b>Dressing intact</b> Ensure that the dressing is intact. Replace if seven days, loose or contaminated.</p> <p><b>Disconnection</b> Routine disconnection of administration sets other than to discard the set is not allowed.</p>	<p><b>VIP score</b> Visually check the condition of the cannula site with the VIP score and document the results every shift.</p> <p><b>Cannula required</b> Peripheral vascular catheters should be re-sited when clinically indicated and not routinely, unless device-specific recommendations from the manufacturer indicate otherwise (EPIC3 recommendation).</p> <p><b>Cannula Access</b> Ensure key parts are protected on the procedure tray. Scrub the hub with 2% chlorhexidine gluconate in 70% isopropyl alcohol for fifteen seconds and allow to dry.</p> <p><b>Personal protection</b> Gloves and aprons are required when completing any interaction that requires touching or manipulation of the vascular access device or associated equipment.</p>	<p><b>Occlusion prevention</b> Do not disconnect administration sets unless they are being removed. Do not allow empty IV bags to stand empty.</p> <p><b>Dislodgement prevention</b> Ensure the fixation straps are in use to assist with cannula securement. The use of a short extension and needlefree device will prevent the cannula from becoming loose.</p> <p><b>Administration sets</b> Administration sets must be labelled with the date they are due to be changed. This is 72 hours for fluid sets. Every 24 hours for TPN and 12 hourly for blood.</p> <p><b>Procedure tray</b> Preparation of a procedure tray must be completed and key parts are protected from touch contamination.</p>
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- If multidose vials are used, refrigerate after every use and wipe the access surface with 70% alcohol before inserting the needle.

Do's	Don'ts
<ul style="list-style-type: none"> <li>• Pass syringes and needles in a tray preferably cut it with needle Cutters.</li> </ul>	<ul style="list-style-type: none"> <li>• Pass syringes and needles hand to hand, preferably cut it with needle Cutters at the point of use.</li> </ul>


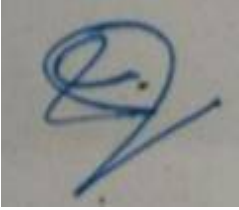

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<ul style="list-style-type: none"> <li>Put needle and syringes in 1% hypochlorite solution</li> </ul>	<ul style="list-style-type: none"> <li>Do not bend / or break used needle with hands</li> </ul>
<ul style="list-style-type: none"> <li>Remove cap of needle near the point of use.</li> </ul>	<ul style="list-style-type: none"> <li>Never test the fineness of the needle's tip before use with bare or gloved hand.</li> </ul>
<ul style="list-style-type: none"> <li>Pick up open needle from tray/drum with forceps.</li> </ul>	<ul style="list-style-type: none"> <li>Never pick up open needle by hand.</li> </ul>
<ul style="list-style-type: none"> <li>Destroy syringes by cutting their nozzle</li> </ul>	

### **SURGICAL CARE PRE-OPERATIVE**

- Whenever possible identify and treat all infections remote to the surgical site before elective operation and postpone elective operations on patients with remote site infections until the infection has resolved.
- Do not remove hair preoperatively unless the hair around the incision site will interfere with the operation.
- If hair is to be removed, remove immediately before the operation Manually,
- Adequately control serum blood glucose levels in diabetic patients.
- Encourage tobacco cessation. At minimum instruct patients to abstain for at least 30 days before elective operation from smoking cigarettes, cigars, pipes or other form of tobacco consumption (i.e. chewing or dipping).
- Keep preoperative hospital stay as short as possible.
- Keep nails short and do not wear artificial nails. Do not wear hand or arm jewellery.
- Perform a preoperative surgical scrub for at least 3-5 minutes using an appropriate antiseptic.
- Scrub and forearms up to the elbows. After performing the surgical scrub, keep hands away from the body. So water runs from the tips of the fingers toward the elbows. Dry hands with sterile towel.
- Wear a surgical mask that fully covers the mouth when entering the operating room. If an operation is to begin or already under way or if sterile instruments are exposed, wear the mask throughout the operation.
- Wear a cap or hood to fully cover hair on the head when entering the operating room.

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- Wear sterile gloves if a scrubbed surgical team member. Put on gloves after wearing a sterile gown.
- Use surgical gloves and drapes that are effective when wet. (i.e. materials that resist liquid penetration).
- Change scrub suits that are visibly soiled, contaminated and penetrated by blood or other potentially infectious materials. (Secretion/Excretion)
- Thoroughly wash and clean at and around the incision to remove gross contamination before performing antiseptic skin preparation.
- Use an appropriate antiseptic agent for skin preparation.
- Apply preoperative antiseptic skin preparation in concentric circles moving toward the periphery. The prepared area must be large enough to extend the incision or new incisions or drain sites if necessary.
- Follow the hospital policy for antibiotic prophylaxis. (Refer: Antibiotics Policy page no-11)
- Follow strict asepsis in the O.T and use proper sterile instruments.
- Use surgical safety checklist to ensure patient safety( Annexure-4)




#### INTRAOPERATIVE


- Handle tissue gently, maintain effective haemostasis, minimize devitalized tissue and foreign bodies i.e. sutures, charred tissues, necrotic debris and eradicate dead space at the surgical site.
- Use delayed primary skin closure or leave an incision open to heal by second intention if the surgeon considers the surgical site to be heavily contaminated.
- If drainage is necessary use a closed suction drain. Place a drain through a separate incision distant from the operative incision. Remove the drain as soon as possible.

#### WOUND CARE

##### POST OPERATIVE-SURGICAL WOUNDS

- Surgical wounds after an elective surgery are inspected on the third post-operative day, or earlier if wound infection is suspected.
- All personnel doing dressings should wash their hands before the procedure. Ideally, a two member technique is followed. One to open the wound, and one to do the dressing.
- If two health care workers are not available, then, take off the dressing, wash hands again

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before applying a new dressing.

- A clean, dry wound may be left open without any dressing after inspection.
- If there is any evidence of wound infection, or purulent discharge, then dressings are done daily, using povidone-iodine to clean the wound and applying dry absorbent dressings.




#### GENERAL MEASURES TO PREVENT SURGICAL SITE INFECTIONS


- Personnel working in the OT must ensure that standard infection control precautions are implemented for every patient
- If the patient already has an infection, then additional precautions may include the use of experienced surgeons and operating teams to minimize the likelihood of accidents and complications and the additional use of PPE.
- Surgical lists should be scheduled on the basis of clinical urgency and scheduling infected dirty cases at the end of the day is recommended if possible
- Adequate time must be allowed to ensure that there is sufficient time for cleaning and safe disposal of clinical /pathological waste between cases.
- Once the OR is clean and all the surfaces are dry, the OR should be used for the next patient without delay
- Staff with bacterial skin infections or eczema should not be allowed in the theatre until the lesion is treated and healed
- The number of staff in the OR must be kept to the essential minimum
- Door to OR should be closed at all times to maintain positive pressure and to avoid mixing of the corridor dirty air with the OR clean air
- Outside clothing must be changed for clean, laundered OR attire/scrub suite which is worn in the operating suite
- OR clothing should not be worn outside OT. OR gowns should be made of waterproof fabric with an ability to breathe and should be comfortable to wear
- Current strategies to prevent SSI are based on the implementation of a “Care Bundle”

#### SURGICAL SITE INFECTION CARE BUNDLE

##### PREOPERATIVE

- Avoid hair removal at the surgical site. if hair must be removed use single-patient use clippers and not razors.

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- Wash the patient or make sure that the patient has showered (or bathed/ washed if unable to shower) on day of or day before surgery.
- Use the right drug at the right time for the right duration for antibiotic prophylaxis:
  - right drug: prescribe antibioticprophylaxis according to local antimicrobial prescribing guidelines
  - right time: ensure that theantibiotic is given at induction - within 30-60 minutes of skin incision. In surgery where a tourniquet is to be applied, a 15 minute period is required
  - between the end of antibiotic administration and tourniquet application.
  - right duration:single dose only,unless otherwise indicated


#### INTRAOPERATIVE

- Use 2% chlorhexidine gluconate in 70% isopropyl alcohol solution for skin preparation. if the patient is sensitive or allergic use povidone-iodine.
- Make sure that:
  - the patient's body temperature is maintained above 36°C during the perioperative period (excludes cardiac patients)
  - the patient's oxygen saturation is maintained above 95%, or as high as possible if there is underlying respiratory insufficiency
  - if the patient is diabetic, that the glucose level  $\leq 110$  mg/dL is kept at throughout the operation
- Give an additional dose of antibiotic if the surgical procedure is prolonged more than 4 hours or there is major intra-operative blood loss ( $>1.5$  litres in adults or 25ml/kg in children ) - otherwise the duration of surgical prophylaxis should be a single dose.
- Cover the surgical site (wound) with a sterile dressing prior to removal of drapes at the end of surgery
- Adherence to wound closure guidelines
- Sterile wound dressing with sticker dressing change instructions

#### POST OPERATIVE

- Do not leave OR in scrubs and OT Dress
- Discontinuation of antibiotic in 24hours
- Foleys catheter removal by post op day 2
- Post-operative glucose control
- Post-operative normothermia

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- Do not tamper with or remove the wound dressing for 48 hours post-op unless clinically indicated.
- Use aseptic (no touch) technique for wound inspection and/or wound dressing changes.
- Hand hygiene is mandatory before and after every time the wound is inspected or the dressing is changed.
- Dressing change by sterile technique.
- Frequency of dressing should be kept to minimum and dressing should be opened, 48hr after the operation unless infection is suspected
- The longer a wound is open and the longer it is drained the greater risk of contamination.
- Wound review by surgeon before discharge
- Post discharge monitoring of SSI as per SSI surveillance


**GENERAL CONSIDERATION FOR ANTIBIOTIC PROPHYLAXIS IN SURGERY:**

Antibiotics must be initiated intravenously within one hour prior to the intervention. It is often most efficient to order therapy given at call to the operating room or at the time of induction of anesthesia. In most cases, prophylaxis with a single preoperative dose is sufficient. Administration of prophylactic antibiotics for a longer period prior to the operation is counterproductive, as there will be a risk of infection by a resistant pathogen. Antibiotic prophylaxis is not a substitute for appropriate aseptic surgical practice.

- To be administered just before surgery not later than 2 hours of incision
- Single dose administered if surgery exists more than 8 hours 2<sup>nd</sup> shot of prophylaxis

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- Inj. Augmentin 1.2 g or Cefotaxime 1g is given for all surgeries – Spine and plastic surgeries




## 18. VISITORS POLICY


To prevent and reduce the healthcare associated infections by implementing the visitors policy

### PROCEDURE:

Although instructing and preparing visitors for patients in isolation is time consuming and often frustrating, their presence is valuable to the emotional well being of the patient.

- The ward sisters, medical social workers and the doctors concerned have the responsibility of informing the patients' relatives of the measures to be taken and the importance of restriction of visitors. This should be done at admission of the patient. They are also informed about the visiting hours
- The patient and the relatives must be given health education about the cause, spread and prevention of the infection, in detail. The need for isolation and restriction of visitors should be discussed with them.
- Hand washing after all contact with the patient has to be stressed.
- No more than two adult visitors are allowed 'at a time' during the hospital visiting hours and the length of stay is governed by the needs of the patient.
- Children below 12 years are not allowed into the wards as visitors. The policy of our hospital is to allow one attendant to stay in the ward with the patient. The attendants are individually trained to avoid infection.
- Before entering the room, visitors must enquire at the nurses' station for instructions and for gown and mask if indicated. Visitor's footwear, bags etc., should be left outside the room. Only articles that can be discarded, disinfected or sterilized should be taken into the room.
- Visitors are not allowed to sit on the patient's bed.
- Visitors should wash their hands well with hand gel and water before entering and when leaving the room.

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## 19. BIOMEDICAL WASTE MANAGEMENT

### DEFINITION:

- Biomedical wastes are handled as per biomedical waste management and handling rules, 1998 and BMW 2016 and an approval for the same is available from Gujarat Pollution Control Board (GPCB).
- **Biomedical waste** consists of solids, liquids, sharps, and laboratory waste that are potentially infectious or dangerous and are considered bio waste.

Hospital meet the statutory provisions with regard to Biomedical Waste Management guidelines. The policy outlines biomedical waste management -segregation, storage, transport and disposal for the safety of patients, staff and environment.

All patient care areas where Bio Medical Waste is generated, segregated , disinfected transported & stored.




It is the responsibility of


- Infection control team for the day to day monitoring program.
- All staff members for adhering to biomedical waste management guidelines.
- Concerned in charges monitors and educates staff of their respective department about hospital infection control practices with coordination of infection control team.

### PROCEDURE

- Segregated and collected in different colour coded bags (as per statutory requirements ) and containers at the place of waste generation.
- Infected Segregated waste are disinfected in the hospital before sending it to disposal agency.
- This is transported through designated closed transport vehicles in colour code bags to the earmarked site.
- The hospital has outsourced it to the authorized B.M.W. management agency for treatment and disposal of biomedical wastes.
- Personnel handling bio-medical waste wears personal protective equipments i.e. gloves, masks, protective glasses and gowns.
- The outsourced agency is audited by hospital once a year.

### LEGAL COMPLIANCES




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The Biomedical Waste (Management and Handling rules) 1998 enacted through legislation and gazette bind us to follow the rules and regulations of segregation, collection and disposal of the Bio medical waste and BMW 2016 guidelines and the amendments in 2018. Licenses from GPCB regarding bio medical waste management.

#### CATEGORIZATION OF BIOMEDICAL WASTE

Category	Type of waste	Waste contain
Yellow	a. Human anatomical waste	Human tissues,organs, body parts and fetus below the viability period( as per the Medical Termination of pregnancy act 1971, amended from time to time.
	b. Animal anatomical waste	Experimental animal carcasses, body parts,organs, tissues, including the waste generated from animal used in experiments or testing in veterinary hospital or colleges or animal houses.
	c. Soiled waste	Items contaminated with blood,body fluids like dressing, plaster cast, cotton swabs and bags--- containing residual or discarded blood and blood components.
	d. Expired or discarded medicines	Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules , vials etc.
	e. chemical Waste	Chemical used in production of biological and used or discarded disinfectants.
	f. Chemical liquid waste	Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, silver x-ray film developing liquid, discarded formalin, Infectedsecretions, aspirated body fluids, liquid from laboratories and floor washing, cleaning, housekeeping, and disinfecting activities etc.
	g. Linen& blood or body	Discarded Linen, mattresses, beddings

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	fluid	contaminated with blood or body fluid.
	h. microbiology, Biotechnology and other clinical laboratory waste.	Blood bags laboratory cultures, stocks or specimens of microorganisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures.
Red	Contaminated Waste (recyclable)	a. Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes( without needle and fixed needle syringes) and vaccutainers with their needles cut and gloves.
White (translucent) plastic puncture proof box	Waste sharps including metals.	Needles, syringe with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps.
Blue plastic puncture proof box	a. Glassware	Broken or discarded and contaminated glass including medicine vials and ampules except those contaminated with cytotoxic wastes.
	b. Metallic body implants	Metalic body implants

### SEGREGATION & DISPOSAL OF BIO-MEDICAL WASTE:

Segregation / collection of hospital waste in specific different colour coded bins are as below:

Color Code	Type of waste	Pre-disposal and Final treatment
Yellow	a. Human anatomical waste b. Animal anatomical waste c. Soiled waste d. Expired or discarded medicines e. chemical Waste	Final treatment is incineration/ deep burial.

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	f. Chemical liquid waste g. Linen & blood or body fluid h. microbiology, Biotechnology and other clinical laboratory waste.	
Red	All infected plastic waste collected in this color-coded bucket/container	Mutilation prior to disposal is required to prevent re-use and final treatment is land filling
White	Waste sharps including metals.	Incineration / destruction and drug disposal in secured landfill.
Blue	a. Glassware b. Metallic body implants	Final treatment is incineration/autoclaving.
Green	Paper, kitchen waste, etc. (domestic waste). It is disposed in municipal bin	Collected by municipal corporation


## TRANSPORTATION

There are two types of transport :

- Intramural ( internal)
- Extramural ( external)

**Intramural transport:** It involves the movement of waste bag inside the Hospital premises. Separate closed type trolleys are used for transporting waste. These trolleys are cleaned and disinfected daily with an appropriate disinfectant. There is a designated waste transportation route to avoid passage of waste through the patient care area. The timing of transportation is preferably the low activity timings in the Hospital (like post OPD, post round in wards etc.). General waste must be transported in separate closed

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trolley.

**Extramural transport:** It involves movement of waste for offsite treatment and/or disposal. The contractor is authorized for transport and disposal of waste. Handling and transfer leads to closer contact with wastes, leading to high hazards. The transportation of clinical waste offsite is carried out in specially designed vehicles with a fully enclosed body and a bulk head separating the drivers compartment from the local compartment vehicle trolley. The general waste is not transported with bio-medical waste.


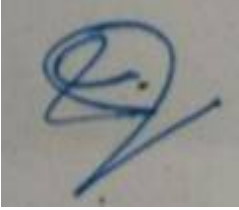

### STORAGE


The storage area is in a secured hospital location, with limited access. It is easy to clean, roofed, properly drained and rodent and insect proof. Water supply is provided. There is a good lighting and at least passive ventilation. It is not to be situated near the food stores or food preparation area. Adequate supply of cleaning equipment, protective clothing and waste bags or bins are located conveniently close to the storage area. The storage area is marked with a biohazard symbol. Prior to transport for offsite treatment and/or disposal, clinical waste is required to be stored separately from general waste storage area and is clearly identified with clear warning signs. This area is kept locked with key available to staff throughout 24 hours. Only authorized personnel are allowed to enter. It is easily accessible to internal transport and office transport. Once collected occur then bio-medical waste is stored in a proper place. Segregated waste of different categories needed to be collected in identifiable containers. The duration of generation of bio-medical waste to the final disposal does not exceed 48 hours including the temporary storage at the Hospital. Each container may be clearly labeled to show the Ward/Dept. and Hospital. The reason for this labeling is that it may be necessary to trace the waste back to its source besides this the storage area shall be marked with a caution sign.

Location: It is constructed away from food preparation, food storage area and public places.

### TRAINING AND AWARENESS OF PERSONNEL

- Training and awareness programme is to train and promote awareness of staff regarding waste segregation & disposal – for updates particularly BMW 2016, its amendments in 2018 and a new concept in Hospital Waste Management.
- Regular training programme conducted by HIC team.
- Waste management posters are displayed at source of segregation to various points of waste management process.
- The pre and post training evaluation are done.
- The documentation and the records of the same are maintained

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### MONITORING OF PROCESS

- Employee (doctor, student, nurses, technician, lab assistant, clerk who is working on patient of the hospital responsible for proper segregation of waste at source
  - Sister, technician and sanitary inspector are responsible to monitoring of transport and temporary storage of the segregated waste by housekeeping staff.
  - Concerned sister in-charges are responsible for regular check of process for their department.
  - HIC team is responsible for monitoring daily and random regular check.
  - Deviation from policy are discussed to HIC committee by HIC team
- Reference : BMW guidelines 2016 and BMW guidelines Civil Hospital Ahmedabad 2016




### 20. SPILL MANAGEMENT


- Disinfect all blood and body fluid spillages immediately wearing protective clothing (gloves, apron and if risk of splash, goggles)
- Decontaminate spillages as per the Spill Management policy

#### SPILLAGE MANAGEMENT KIT

- Chalk to cordon area
- Pair of gloves
- Mask
- Disposable gown
- Tissue paper or news paper
- Hypochlorite solution 1%
- Bio medical waste bag(yellow)
- Locking material
- Bio hazard sticker
- Marker

#### SPILLAGE MANGMENT STEPS

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- Cordon spillage area with chalk and sign board.
- Wear PPE.
- Cover the site with the tissue paper or any absorbent (news paper, gauze piece)
- Pour the pure hypochlorite solution (1%) on and around the site.
- Leave it for 30 min.
- Take it and dispose in red bag.
- Tie that bag and stick it biohazard sticker with date and time.
- Clean the site with pure hypochlorite solution.
- Lastly clean with the routine mop.

### MERCURY SPILL MANAGEMENT




Mercury spill is dangerous. It is powerful neurotoxin, so it should be manage properly. Small particles of mercury are poisonous.

### MERCURY SPILL KIT


- Chalk for cordon
- Gloves
- Face mask
- Disposable apron
- Goggles
- Card board strips
- 10ml syringe
- Torch
- Plastic container
- Zip lock bag
- Biohazard Sticker
- Marker

### MERCURY SPILL MANAGEMENT

- Remove other things at the mercury spill site and switch off fan.
- Wear PPE. (mask, cap, gloves, goggles)




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- Remove ornaments.
- Collect broken glass in paper towel (tissue paper) and put it in zip lock bag. Label it “contaminated with mercury” handle it with care.
- It can be clean easily if mercury spill at floor or wooden.
- Collect small particles of mercury with card board. If particles are not visible, use torch.
- Collect particles with syringe and drop it in plastic container with water. That container put in zip lock bag and label “contaminated with mercury”.
- The material used for cleaning and gloves put in zip lock bag and label it.
- All bags hand over to pharmacist in drug store.
- Wash your hands, face and any other areas of your body exposed to the mercury.
- Keep the room well ventilated.

## 21. INFECTION CONTROL PRACTICES RELATED TO DEAD BODIES

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**Appendix II: Summary table on precautionary measures for handling and disposal of dead bodies**

Risk category	Bagging	Viewing in funeral parlour	Embalming	Hygienic preparation in funeral parlour	Disposal of dead body
<b>Cat. 1</b> Other than those specified in Cat 2 & Cat 3 below	NOT necessary	Allowed	Allowed with PPE*	Allowed with PPE*	Coffin burial or cremation is optional
<b>Cat. 2</b> 1) Human Immunodeficiency Virus infection (HIV) 2) Hepatitis C 3) Creutzfeldt-Jacob disease without necropsy 4) Severe Acute Respiratory Syndrome (SARS) 5) Avian influenza 6) Middle East Respiratory Syndrome (MERS) 7) Others**:	Must	Allowed	NOT allowed	Allowed with PPE*	Cremation is advisable
<b>Cat. 3</b> 1) Anthrax 2) Plague 3) Rabies 4) Viral haemorrhagic fevers 5) Creutzfeldt-Jacob disease with necropsy 6) Others**:	Must	NOT allowed	NOT allowed	NOT allowed	Cremation is strongly advisable

\* PPE: Including disposable gloves, water repellent gown and surgical mask.

\*\* Including other infectious diseases as advised by the physician i/c, the infection control officer or microbiologist.

**Explanatory Note:**

- Bagging: placing the dead body in a plastic body bag for storage and transport.
- Viewing in funeral parlour: allowing the bereaved to see, and spend time with the dead before encoffining.
- Embalming: injecting preservatives into the dead body to slow down the process of decay.
- Hygienic preparation in funeral parlour: cleaning and tidying the body so that it presents a suitable appearance for viewing. Applying makeup may be included.
- Disposal of dead body: usually by coffin burial or cremation.




All dead bodies are potentially infectious and “STANDARD PRECAUTIONS” should be implemented for every case.


**Precautions for all dead bodies**

Dead body care

**When handling of dead bodies:**

- Avoid direct contact with blood or body fluids from the dead body.

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- Observe strict personal hygiene and put on appropriate personal protective equipment (PPE) including gloves, water repellent gown and surgical masks. Use goggles or face shield to protect eyes, if there may be splashes.
  - Make sure any wounds are covered with waterproof bandages or dressings.
  - Do NOT smoke, drink or eat. Do NOT touch your eyes, mouth or nose.
  - Remove personal protective equipment after handling of the dead body. Then, wash hands with liquid soap and water immediately.
- Environmental control

- Make sure that supply of disposable gloves, protective equipment, alcohol-based hand rub and disinfectant such as household bleach is readily available.
- After use, the disposable items such as gloves and protective clothing should be disposed of in a plastic bag.
- Linen contaminated with blood or body fluids should be soaked in 0.5% sodium hypochlorite solution for 30 minutes and then washed and laundered
- All surfaces which may be contaminated should be wiped with 0.5% sodium hypochlorite solution. Metal surfaces could be wiped with 70% alcohol.
- Surfaces visibly contaminated with blood and body fluids should be disinfected with 1% sodium hypochlorite solution

## 22. STAFF HEALTH ACTIVITIES

Hospital personnel may acquire infections from or transmit infections to patients, other personnel, household members, or other community contacts. In general, health care personnel who have contact with patients, body fluids or specimens have a higher risk of acquiring or transmitting infections than do other health care personnel who have only brief

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casual contact with patients and their environment (e.g. beds, furniture, bathrooms, food trays, medical equipment).

### OBJECTIVES

The objectives of staff health service programs are:




- Educating personnel about the principles of infection control and stressing individual responsibility for infection control.
- Collaborating with the infection control team in monitoring and investing potentially harmful infectious exposures and outbreaks among personnel.
- Provide care to personnel for work related illness or exposures.
- Identifying work-related illness or exposures.
- Identifying work-related infections risks and instituting appropriate preventive measures.


### ELEMENTS OF INFECTION CONTROL PRACTICES OF STAFF

The following elements are configured to attain infection control goals of the staff:

- Coordination with other departments.
- **Medical evaluation:** this includes medical examination before placement to ensure that personnel are not placed in jobs that would pose undue risk of infection to them; other personnel are not placed in jobs that would pose undue risk of infection to them, other personnel, patients, or visitors. Immunization history is important. Periodic evaluations should be done for specific job assignments, for evaluation of work-related problems.
- **Personnel health and safety education:** education is provided for infection control program so that the staff understands its rationale and complies with the guidelines.
- **Immunization programs:** Optimal use of vaccines to prevent transmission vaccine-preventable diseases is advocated to HCW as shown in table. All healthcare workers MUST immunize against TT & hepatitis B virus.
- Management of occupational exposure of pregnant personnel to infectious agents as shown in table of PEP.

### EMPLOYEE HEALTH PROGRAM:

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Employee health education: Periodic classes are conducted for paramedical staff by the ICN. All employees are instructed in universal precautions, hand washing protocols and waste management.

All infections including cutaneous and or other diagnosed communicable diseases e.g hepatitis mumps, rubella, measles, chicken pox, diarrhea, productive cough more than three weeks, rashes etc., are to be reported by staff to their immediate supervisor at which time appropriate action to protect the patients in the hospital will be taken.

All staff is informed that they should report exposure to potentially infectious body fluid to their immediate supervisor who in turn informs the ICN. Action is taken after assessment of risk at each situation.


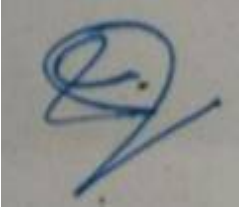

Work restrictions may be imposed in situations which call for such action. Personnel must adhere to policies and practices to minimize the potential spread of diseases and /or infection. Personnel must adhere to existing employee health requirements


**MRSA:**

Colonised and infected patients are isolated and barrier nursed. Routine surveillance of health care workers are not required except in case of outbreaks selected staff will be screened. If any staffs are found to be colonized, they are restricted from work, advised mupirocin ointment 2% for one week for eradication of nasal carriage and allowed to return to work after 3 consecutive cultures drawn one week apart are found to be negative.

**TREATMENT OF PERSONNEL**

- All personnel with communicable illnesses must report to their supervisors. Appropriate evaluation and therapy are the responsibility of the clinician.
- Personnel who develop infections are transferred to duties without direct patient contact or released from duty until no longer considered infectious.
- Prophylactic therapy is provided to employees following occupational injuries unless employee is already immunized.
- Passive immunization with immune globulin (gamma globulin) shall be considered for the following kinds of exposure.
  - •Hepatitis - B
- Outbreak of infections within the hospital due to organisms such as salmonella, shigella, MRSA may prompt a search for carriers among personnel as part of control

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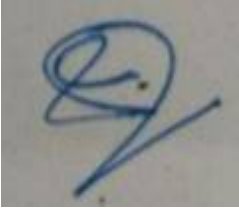

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of the outbreak. Work restrictions may be imposed in situations which call for such action.

### EMPLOYEES WITH INFECTIONS




Employees cannot work with acute infections due to the risk of transmission to patients. Early signs of infections (i.e., fever, diarrhea, nausea, productive cough, rhinitis, conjunctivitis, etc.) often mean that large amounts of virus or other pathogens are being shed. A draining wound is a contraindication for caring for patients. When in doubt, speak with your supervisor. Infection control or medical staff is available for consultation when uncertain.


Illness/Infection	Work Restriction	Duration
Acute illness with fever caused by any infection	May not work	Until fever and other symptoms resolve
Conjunctivitis	May not work	Until discharge ceases
Dermatitis of hands/forearms	May not work (hands-on patient care)	Until cleared by MB
Diarrhea: acute onset with other symptoms a. Patient care personnel b. Food handlers	a. May not work b. May not work	a. Until cleared by MB b. Duration of illness (see nutrition and dietetics policy)
Draining wounds: a. Hands, arms, face b. Other areas if covered by clothing	a. Remove from patient care or food handling b. May work	a. Until cleared by MB b. Keep area well covered

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Group A Strep Infection	May not work	24 hours after treatment started and with symptom improvement
Hepatitis A	May not work	7 days after onset of jaundice
Hepatitis B: a. Acute b. Chronic active/carrier	a. MB evaluation. and Counseling b. MB/ HR counseling is available	a. As per evaluation by MB b. N/A
Hepatitis C: a. Acute b. Chronic active/carrier	a. MB evaluation. and counseling b. MB counseling is available	a. as per evaluation by MB b. N/A
Herpes simplex: a. Genital b. Hands (whitlow) c. Facial	a. Good hand washing b. No direct patient care (less than 1 yr children with exema/burns, immunocompromised pts of any age) c. Mask for direct patient care	a. N/A b. Until lesions dry and crusted c. While lesions are draining
HIV/AIDS related infections	None unless otherwise noted in this table. Confidential counseling available through Treating physician or Counsellors	N/A




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Measles: a. Active  b. Exposure in susceptible host or status unknown (pending titer)	a. May not work  b. May not work	a. Until 4 days after rash appears and afebrile  b. From day 5 through day 21 after exposure regardless of whether Immune Globulin or vaccine given post exposure.
Mumps: a. Active b. Post exposure in susceptible host	a. May not work  b. May not work	a. Until 9 days after onset of parotitis  b. From day 12 through day 25 after exposure
Tuberculosis (active pulmonary or laryngeal disease)	May not work	Until completion of a minimum of 14 days of 4 drug therapy, with clinical (cough resolved, afebrile) and bacteriologic (3 sputum smears neg for AFB) improvement.
Respiratory infection (cold/flu, pneumonia, bronchitis, cough)	May not work if febrile or with other symptoms of infection	Until afebrile and symptoms improving

#### GUIDELINES FOR SPECIAL SITUATIONS

Pregnant personnel must not be assigned to care for patients with known Hepatitis B or who are carriers unless they have received three doses of hepatitis B vaccine and have been documented to have anti-HBs antibody.

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## PRE EXPOSURE PROPHYLAXIS

All employees whose job involves task with potential exposure to blood borne pathogens shall be offered hepatitis vaccination.

All staff responsible for handling food in are screened for ova /cyst and carriage of pathogenic bacteria typhoid in their stool, sputum, nasal swab for any pathogenic organism. They should given Inj. TT & Typhoid vaccination.

### PROCEDURE:

At the time of joining the information regarding the HBV vaccination status is obtained through the Proforma. The proforma are given by the HR department.




- Based on the vaccination history pre vaccination screening is done
- The filled proforma shall be handed over to the infection control nurse
- If the person is vaccinated then the Anti HBs titre is done and if not vaccinated earlier the vaccination series shall be started as follow (0, 1, 6 booster after 5 yrs)  
0 Dose – 1<sup>st</sup> dose  
After 1 month – Second dose  
After 6 month – Third dose  
After 5 years – Booster dose
- If the Anti HBs titre is less than 10 mIU/ml booster dose is given and Anti HBs titre is done after 2 months, if still the titre is low the HCW is referred to Hepatologist.
- The departments shall be maintained by the ICN and follow up and shall be done by the ICN.


## 23. THE INFECTION CONTROL PROGRAMME IS SUPPORTED BY THE MANAGEMENT AND INCLUDES TRAINING OF STAFF

GDCHA support the Infection Control Programme and train the staff

### PROCEDURE

- The management of GDCHA makes the resources available for the infection

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control programme in a sustained manner which includes personnel and materials. Refer ROM Manual

- The GDCHA has earmarked the fund from its annual budget. Refer ROM Manual / QIP Budget
- The GDCHA conducts the induction training related to policies and procedures of Infection control programme for all staff followed by the evaluation for all the personnel including the doctors joining the department. It includes the outsourced staff also Refer HRM Manual
- The GDCHA conducts in service/ refresher / continual training sessions followed by the evaluation at least once in a year and as and when required as per identified training needs . Refer HRM Manual




#### REFERENCE


- <http://www.cdc.gov/>
- <http://www.who.int/en/>
- <http://www.shea-online.org/GuidelinesResources.aspx>
- Biomedical Waste Management Rules 2016 and amendments 2018 by Ministry of Environment, Forest and Climate Change, Govt of India.
- Swachhata Guidelines for Public Health Facilities, Ministry of Health and Family Welfare Department, Government of India.
- Kayakalp National Guidelines for Clean Hospitals, Ministry of Health and Family Welfare Department, Government of India.
- National Treatment Guidelines for Antimicrobial Use in Infectious Diseases by National Center For Disease Control.
- Handbook on Safe Injection Practices by National Center For Disease Control.
- . Hospital Infection Control Manual for Small Healthcare Organizations by National Accreditation Board for Hospitals and Healthcare Providers (NABH).
- . NACO Guidelines for HIV Testing.

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- Hospital Infection Prevention and Control Guidelines by National Center For Disease Control.
- Accreditation Standards for Hospitals, 4th edition by National Accreditation Board for Hospitals and Healthcare Providers (NABH).
- Operational Guidelines for Quality Assurance in Public Health Facilities, 2013 by Ministry of Health and Family Welfare, Government of India.
- Quality Management in Hospital by S. K. Joshi.

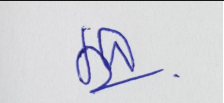

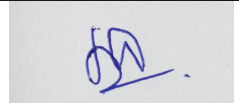
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<b>Document No:</b>	<b>QIP/ GDCHA/HIC /01-07</b>
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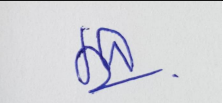

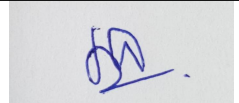
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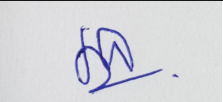
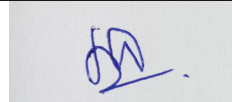
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## AMENDMENT SHEET

Sr.No.	Section No	Date of Amendment	Details of the amendment	Reasons	Signature of amending authority	Signature of approving authority
1						
2						
3						
4						
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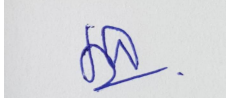

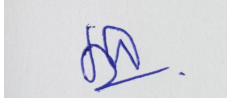
**HOSPITAL INFECTION CONTROL****Reasons for Revision:** Accreditation Standards for Dental health care service providers 2<sup>nd</sup> edition January 2012**CONTROL OF THE MANUAL**

Refer to Document control policy

**DISTRIBUTION LIST OF THE MANUAL:**

The following are the authorized holders of the controlled copy of HIC Policy Manual.

S.No	Designation
1	Additional Director/Dean Government Dental College and Hospital
2	Chairperson Infection Control Committee- Head of the Department Pathology
3	Infection Control Officer
4	Head of the Department of Endodontia
5	Head of the Department of Pedodontia
6	Head of the Department of Periodontia
7	Head of the Department of Oral Surgery
8	Head of the Department of Orthodontia
9	Head of the Department of Oral Medicine and Radiology
10	Head of the Department of Oral Pathology
11	Head of the Department of Preventive and Community Dentistry
12	Head of the Department of Prosthodontia
13	Head of the Department of Medicine
14	Head of the Department of General Surgery
15	Assistant Hospital Administrator
16	Sanitary Inspector
17	Security Supervisor

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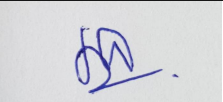

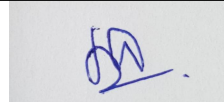
## HOSPITAL INFECTION CONTROL

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4	IC-04 Facilities and adequate resources are provided to support the infection control program.	
5	IC-05 Documented procedures for sterilization activities in the facility.	
6	IC-06 Statutory provisions with regards to Biomedical waste management and handling	
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## ABBREVIATIONS- Refer List of abbreviations

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**HIC -01- 1.1-1.4**The GDCHA has a comprehensive and coordinated Infection Control Programme aimed at reducing or eliminating risks to patients, visitors ,care providers and community.

**PURPOSE**

To establish a well designed comprehensive and coordinated hospital infection prevention & control programme aimed at reducing/ eliminating risks to patients, visitors ,providers of care and community

**SCOPE**

All Patients, their relative,students and Staff of Government Dental College and Hospital,Ahmedabad.

**RESPONSIBILITIES**

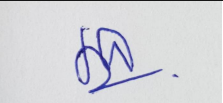

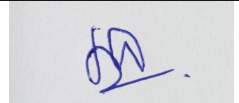
All Government Dental College Staff and students


**PROCEDURE**

1.1 The GDCHA has a documented hospital infection prevention & control programme aimed at preventing & reducing risks of Healthcare associated infections in all areas of the hospital. It also includes the monitoring of the infection control programme . The GDCHA has Hospital Associated infection Prevention & Control Manual which incorporates the structure of the programme, all processes, activities and surveillance procedures related to the programme which is based on the current scientific knowledge , guidelines from international / national and professional bodies and statutory requirements as applicable. This is made in reference to WHO guidelines, CDC guidelines & Manual for Control of Hospital Associated Infections. Refer HIC Manual.

The hospital recognizes the control of Health Care Associated Infections as an important issue and is committed to fulfilling its responsibility by ensuring that proper safeguards are instituted to identify and prevent Healthcare Associated Infection (HCAI).

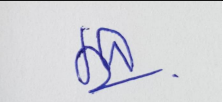

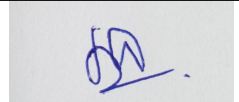
**The Structure of the Hospital Infection Prevention & Control Programme is as follows**

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- Having a written document (Hospital Infection Prevention and Control Manual) outlining the various infection control policies and procedures and periodically updating it at least yearly. It includes policies and procedures like Standard precaution, Isolation precautions, Hand hygiene, Personnel protective equipment, aseptic precautions for various procedures , sterilization activities, Linen management, , engineering controls in preventing infections, housekeeping activities, Biomedical Waste Management & handling , Needle stick injury, Spill Management, Post exposure prophylaxis etc.
- Identification of the high risk areas
- Infection control procedures during patient work on dental chair stations
- Surveillance programme to capture and monitor implementation of infection prevention and control programme
- Identification of critical components of dental chair station
- To lay down policies and procedures for sterilization activities including the reprocessing of used instruments
- Adherence to standard precautions
- Evaluation of infection control efficacy before purchase of equipment, instrument and dental materials
- Engineering controls to prevent infections
- To provide Facilities and adequate resources are provided to support the infection control program
- Statutory provisions with regards to Biomedical waste management and handling
- To lay down employee health programme for staff health activities and monitor it
- Monitoring the activities of infection control team.
- Induction and on-going educational/training program related to Hospital Infection Prevention and Control at Induction for all cadres of hospital staff.

1.2 The GDCHA has an Infection Control Committee.

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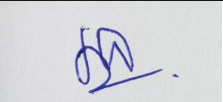

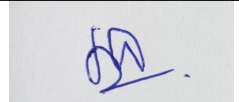
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### Committee Composition:

The GDCHA has a multidisciplinary Infection control committee which coordinates all infection prevention and control activities. The committee members are Hospital administrators, Microbiologists, Dentists, Dental Surgeon, Head Nurse, Sanitary inspector from the support services. Other invitees members as and when required. The policies and procedures are laid down by the committee to guide the implementation of the programme. The composition is as follows

Sr. No.	Designation Organization	Designation Committee
1	Additional Director/Dean Government Dental College and Hospital	Chairperson
	Professor & Head-(GP)	Member Secretary
2	Professor-(Ortho)	Member
3	Asst. Professor- (Public Health)	Member
4	Assistant Professor(Oral Pathology)	Member
5	Professor & HOD-(Gen. Pharma)	Member
6	Professor(OS)	Member
7	Asst. Professor(Prosthodontia)	Member
8	Asst. Professor(Operative)	Member
9	Tutor-(Pedodontia)	Member
10.	Tutor(OS)	Member
11	AHA	Member

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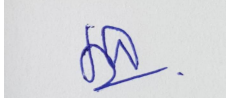

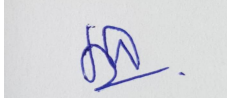
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11	SI	Member
12	Staff Nurse(ICN)	Member
13	Security Supervisor	Member

**OBJECTIVE**

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- Induction and on-going educational/training program related to Hospital Infection Prevention and Control at Induction for all cadres of hospital staff.
- HICC meets regularly not less than once in 3 months and on asrequired basis, with a minimum quorum of 80 % and the minutes of meetings are documented

1.3 The GDCHA has an Infection Control Committee.

**Infection control team**

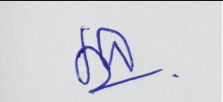

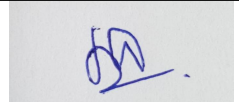
The hospital has a infection control team which coordinates the implementation of all infection prevention and control activities. The team is responsible for day to day functioning of infection prevention and control programme. It supports in surveillance process. The team participates in audit activity and in infection prevention and control on day to day basis as well as it educates the staff in this regard. The team includes ICO, ICNs and others. The few team members are also part of Infection Control Committee

The following form the Infection Control Team:

Sr. No.	Designation Organization	Designation Committee
1	Assistant Professor Pathologist	Infection Control Officer
2	Tutor- Oral Surgery	Member
3	Tutor- Paediatric Dentistry	Member
4	Tutor- Operative Dentistry	Member
5	Tutor- Oral Pathology	Member
6	Assistant Hospital administrator	Member
7	ICN	Member
8	Sanitary Inspector	Member

**RESPONSIBILITIES OF INFECTION CONTROL TEAM**

- Surveillance of hospital infection
- Monitor sterilization and disinfection protocols.
- Identifying appropriate resources for a program to monitor infection and apply the most appropriate methods for preventing infection.
- Ensuring education and training of all staff through support of program on the prevention of infection in disinfection and sterilization techniques.
- Look over the appropriate implementation of bio-medical waste management as per the guidelines

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**HOSPITAL INFECTION CONTROL**

**Reasons for Revision:** Accreditation Standards for Dental health care service providers 2<sup>nd</sup> edition January 2012

- Compliance and implementation of policies approved by Infection Control committee.
- Monitoring adherence standard precautions & aseptic techniques, including hand washing, use of isolation precautions and necessary infection control techniques in high risk areas like OT
- Monitors effectiveness of Housekeeping Service
- ICT meets formally apart from daily activities monthly for data analysis, monitoring of HIC indicators and its trend analysis and the minutes of the meeting are documented.

**INFECTION CONTROL OFFICER ( ICO):**

The Pathologist serves as Infection Control Officer.

**DUTIES OF INFECTION CONTROL OFFICER:**

The Pathologist is the infection control officer and is also the member of infection control committee. The infection control officer is responsible for the following:

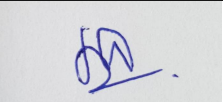

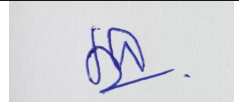
- Monitoring the decisions of infection control committee.
- Organization of training program for staff.
- Conducting on-going surveillance of hospital infection
- Environmental surveillance when needed.
- Carrying out of infection control activities as decided by ICC.


**INFECTION CONTROL NURSE**

The duties of the ICN are primarily associated with ensuring the practice of infection control measures by nursing and housekeeping staff. Thus the ICN is the link between the HICC and the wards. The infection control nurse is trained in hospital infection control principles

They are responsible for:

- Conduct environmental rounds in all inpatient and outpatient care areas. Regular visits to all wards and high risk areas.
- Surveillance: Checking nurse administrator registers and patient case records for cases suggestive of infections.

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- Collection of samples from different areas of the hospital for surveillance purpose and sending them to lab.
- Daily contact to microbiology lab to ascertain results of samples collected for surveillance and to liaise between microbiology and clinical departments.
- Data collection and Compilation of ward wise, specialty wise and procedure wise statistics for Hospital Infection.
- Assessing environmental control through surveillance of water supply systems as needed, engineering controls like air pressure relationships for high risk environmental monitoring.
- Monitoring of the implementation and adherence to laid down infection control policies and procedures.
- Education: Plan, organize, develop and implement educational programs for all hospital employees including administrative and ancillary services which convey specialized knowledge and skills to increase employee awareness of existence of nosocomial infections; techniques to prevent measures to provide a safe environment for hospital employees and patients. They Serve as a knowledgeable and available resource on infection control practices and policies to patients, families, staff, and health system employees.

**HIC -02- 2.1-2.11** The GDCHA has an infection control manual

**PURPOSE**

To establish and implement policies and procedures in all areas of hospital

**SCOPE**

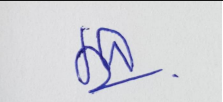

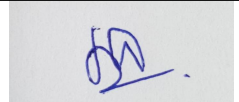
All Patients, their relatives, students and Staff of Government Dental College and Hospital, Ahmedabad


**RESPONSIBILITIES**

All Government Dental College and Hospital Staff and students

**PROCEDURE**

Refer HIC Manual

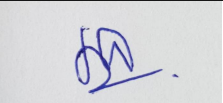

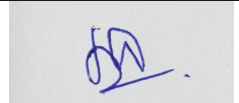
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- 2.1 The GDCHA has identified the various high risk areas of the hospital like clinical , OT, recovery area, post operative ward, dental labs, dental chair units etc. It has also identified the high risk procedures.
- 2.2 The GDCHA adheres to apply various infection control procedures during patient work on dental chair stations.
- 2.3 The GDCHA adheres regular vigilance or surveillance program to monitor implementation of infection control procedure by conducting regular audits by various modes of surveillance
- 2.4 The GDCHA identify and adheres to different critical components of dental chair station like compressed air, water pipes, airtor, micromotor, hand pieces, scaler tips, chair light handles, equipment trolley handles to control infection spread.
- 2.5 The GDCHA identify and adheres to use of disposables and or various barrier techniques like use of disposable gloves, head caps, eye wear, patient protection gear, dental operating hand pieces, dental wraps etc
- 2.6 The GDCHA adheres to formulate the procedure sterilization and disinfection for reuse, reprocessing and recycling the used and soiled instruments for next patient use.
- 2.7 The GDCHA adheres to identify equipment ,consumable materials and staff to carry out disinfection or sterilization procedures between the patients to adhere to standards.
- 2.8 The GDCHA focuses on adherence to standard precautions all time.
- 2.9 The GDCHA should cover an evaluation of equipment, instruments or dental materials before purchase for infection control efficacy.
- 2.10 The GDCHA adheres to engineering controls to prevent infections are included like air quality in operation theatre, air conditioning, maintenance of dental equipment like air compressors, and use of air filters for providing filtered air. At dental chair station, replacement of filters. Inbuilt system like high vacuum suction system in dental chair, Engineering controls are examined regularly
- 2.11 The Hospital Infection Prevention and Control Programme is a continuous process and is updated at least once a year in reference to the newer literature on infection prevention and outbreak prevention mechanism , infection trends and outcomes of the audit processes.

**HIC -03- (3.1 - 3.4) - THE SURVEILLANCE OF INFECTION CONTROL PROTOCOLS**

**PURPOSE**

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**HOSPITAL INFECTION CONTROL**

**Reasons for Revision:** Accreditation Standards for Dental health care service providers 2<sup>nd</sup> edition January 2012

To establish policies and procedures to perform surveillance activities to capture and monitor infection prevention

**SCOPE**

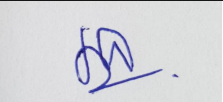

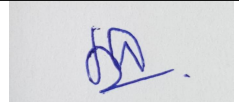
All patients, their relatives and staff of Government Dental College and Hospital, Ahmedabad.


**RESPONSIBILITIES**

All patients, their relatives, all staff of Government Dental College and Hospital, Ahmedabad.

**PROCEDURE**

- 3.1 Surveillance activities are appropriately directed towards the identified high-risk areas. GDCHA monitors surgical site infections (SSI) and Catheter Associated Urinary Tract Infections (CAUTI). GDCHA provides evidence of conducting periodic surveillance activities in its identified high risk areas and procedures. It is conducted at predefined frequency and mode of surveillance. The surveillance system adheres to the national/ international guidelines. Surveillance activities includes the areas of demolition, construction or repair in high risk areas. GDCHA conducts surveillance activities which includes both active and passive surveillance. The parameters to be captured and the process of reporting are laid down in HIC manual. Refer HIC Manual.
- 3.2 Collection and verification of surveillance data is an ongoing process. GDCHA ensures that it has a process in place to collect and verify surveillance data and also ensures that it is captured properly.
- 3.3 Scope of surveillance incorporates tracking and analyzing of infection rates and trends. This is done at regular intervals and GDCHA takes suitable steps based on the analysis. Appropriate feedback regarding HAI rates are provided on a regular basis to dental and nursing staff. The feedback shall include the rates, trends and opportunities for improvement. It could also provide specific inputs to reduce the HAI rate.
- 3.4 Surveillance activities include monitoring the effectiveness of house-keeping services. GDCHA monitors the effectiveness of housekeeping as a surveillance activity on regular basis daily housekeeping checklist is filled and supervised by the

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sanitary inspector of GDCHA.

**HIC -04- (4.1 - 4.3) PROPER FACILITIES AND ADEQUATE RESOURCES PROVIDED TO SUPPORT THE INFECTION CONTROL PROGRAM.**

**PURPOSE**

To establish policies and procedures for provision of adequate resources to support the infection control program.

**SCOPE**

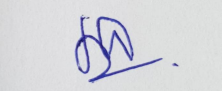

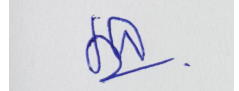
All Patients, their relatives and Staff of Government Dental College and Hospital, Ahmedabad.


**RESPONSIBILITIES**

DEAN AND A.O.

**PROCEDURE**

- 4.1 Hand washing/ scrubbing facilities in all patient care areas are accessible to dental health care providers. GDCHA ensures that it provides necessary infrastructure to carry out the same. GDCHA ensures to provide the necessary infrastructure like hand wash basins, taps, liquid soap, tissue for drying without contamination.
- 4.2 Compliance with proper hand washing is monitored regularly. The organization preferably displays the necessary instructions near every hand washing area. Compliance is verified by hand hygiene adherence audit etc. as a part of surveillance on monthly basis and sample size is chosen as per categories of staff involved in direct patient care. It also communicates the hand hygiene adherence compliance level with the relevant concerned staff.
- 4.3 Isolation/ barrier facilities- PPE are available. GDCHA defines the conditions where the same shall be carried out and ensure that it provides the necessary resources and maintains inventory to carry out the activity ( e.g. clothing, masks, gloves, rubber dam/cotton rolls etc. ). They are available at the point of usage and the inventory for the same is maintained. The staff uses the PPE appropriate to the risk involved and as soon as the purpose is served PPE is removed. Refer MOM Policy and Procedure.

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**HIC -05- (5.1 - 5.3) GDCHA HAS DOCUMENTED PROCEDURES FOR STERILIZATION ACTIVITIES IN THE HOSPITAL**

**PURPOSE**

To establish policies and procedures for sterilization activities in the hospital.

**SCOPE**

All patients, their relatives and staff of Government Dental College and Hospital, Ahmedabad.

**RESPONSIBILITIES**

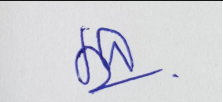

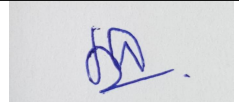
All Staff


**PROCEDURE**

- 5.1 There is adequate space available for sterilization activities. GDCHA has documented policies and procedures to guide the cleaning, packing and disinfection and or sterilization, storing and issue of items. Refer HIC manual. The GDCHA has documented policies and procedures for reprocessing of instruments and equipment which addresses cleaning, disinfection or sterilization of various accessories, instruments and equipment between patients. Refer HIC Manual.
- 5.2 Regular validation tests for sterilization are carried out and documented. This is done by accepted methods e.g. chemical strips, biological indicators etc.
- 5.3 There is an established recall and corrective audit procedure in case of breakdown in the sterilization system. GDCHA ensures that the sterilization procedure is regularly monitored and in eventuality of a breakdown, it has a procedure for withdrawal of such items and corrective steps implemented to prevent recurrence.

**HIC-06-(6.1-6.7)GDCHA HANDLES THE BIOMEDICAL WASTE MANAGEMENT (BMW) IS HANDLED IN AN APPROPRIATE MANNER**

**PURPOSE**

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To establish policies and procedures for Biomedical Waste Management and Handling

**SCOPE**

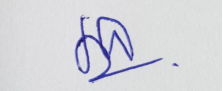

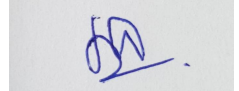
All Patients, their relative and Staff of GDCHAA, Ahmadabad.


**RESPONSIBILITIES**

All Staff

**PROCEDURE**

- 6.1 The GDCHAAA ensures to manage and handle Bio –medical waste (BMW) on its own and outsource its final disposal. The GDCHA has obtained permissions and approvals from Gujarat pollution control board. For the final disposal it is outsourced to a contractor authorized by GPCB and as per MOU of Health and Family Welfare Department Government of Gujarat. The GDCHA adheres to the Biomedical Waste Management rules 2016 and its amendments Refer Legal docs
- 6.2 Proper segregation and collection of bio-medical waste from all patient care areas of the GDCHA is implemented and monitored. The segregation of the waste is done as per color coding of Biomedical Waste Management rules 2016 and its amendments. The monitoring of the same is done by the members of the infection control team. Refer HIC Manual
- 6.3 The GDCHA ensures that biomedical waste is stored and transported to the site of treatment and disposal in proper covered vehicles within stipulated time limits in a secure manner. The GDCHA has a separate area for storage of the biomedical waste and the waste is transported to the pre –defined site at definite time intervals (maximum within 48 hours) through proper transport vehicles in a safe manner to the outsourced agency for final disposal. The outsourcing agency is authorized by GPCB The infection control team visits the outsourcing agency six monthly for verification of adherence to the statutory requirements of Biomedical Waste Management rules 2016 and its amendments. Refer HIC Manual and Refer Legal Docs
- 6.4 Requisite fees, documents and reports are submitted to competent authorities on stipulated dates. The GDCHA ensures that the fees are deposited and annual reports submitted to the authorities in a timely manner.
- 6.5 The GDCHA provides appropriate personnel protective measures to be used by all categories of staff handling biomedical waste like gloves, mask, protective glasses, and

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- gowns. The staff uses the PPE while handling the waste. Refer HIC Manual.
- 6.6 GDCHA ensures the disposal of used sharp instruments as per statutory requirements and good clinical practices. In GDCHA sharp containers and needle cutters are installed for safe disposal for used injection needles, surgical blades, suture needles etc.
- 6.7 In GDCHA special attention is to be given to mercury hygiene and waste mercury disposal. GDCHA follows proper procedure for the storage and, handling, and disposal of mercury and mercury waste /amalgam. In GDCHA there is a provision of mercury spill kit. Refer HIC Manual

**HIC -07- 1-7 THE INFECTION CONTROL PROGRAM IS SUPPORTED BY THE MANAGEMENT AND INCLUDES TRAINING OF STAFF**

**PURPOSE**

To establish policies and procedures to support the Infection Control Program and train the staff

**SCOPE**

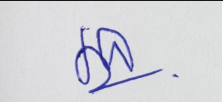

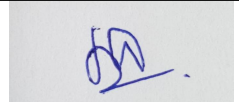
All Patients, their relative and Staff of GDCHA, Ahmadabad.


**RESPONSIBILITIES**

Hospital Infection Control Committee, Infection Control team and AHA

**PROCEDURE**

- 7.1 The management of GDCHA makes the resources available for the infection control program .GDCHA ensures the personal to be available in a sustained manner. This includes both men and materials. Refer HIC Manual & Refer ROM and HRM Manual
- 7.2 The GDCHA regularly earmarks adequate funds from its annual budget for Infection control like funds of Kayakalp, QIP etc. GDCHA ensures provision for a separate badger demarcated for HIC activity. This is to prepared taking into consideration the scope of the activity and previous year's experience. Refer ROM Manual / QIP Budget
- 7.3 The GDCHA conducts the pre-induction training related to policies and procedures of Infection control program for appropriate categories of staff before joining concerned department(s) . Refer

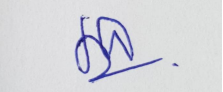
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HIC manual and Refer HRM Manual

7.4 The GDCHA conducts regular “in service” training sessions for all concerned categories of staff followed by the evaluation. Training is to be conducted at least once in a year and as and when required as per identified training needs. Refer HIC Manual & Refer HRM Manual

7.5 GDCHA ensures to provide appropriate pre and post exposure prophylaxis to all concerned staff members.

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**HOSPITAL INFECTION CONTROL-  
VACCINE POLICY**

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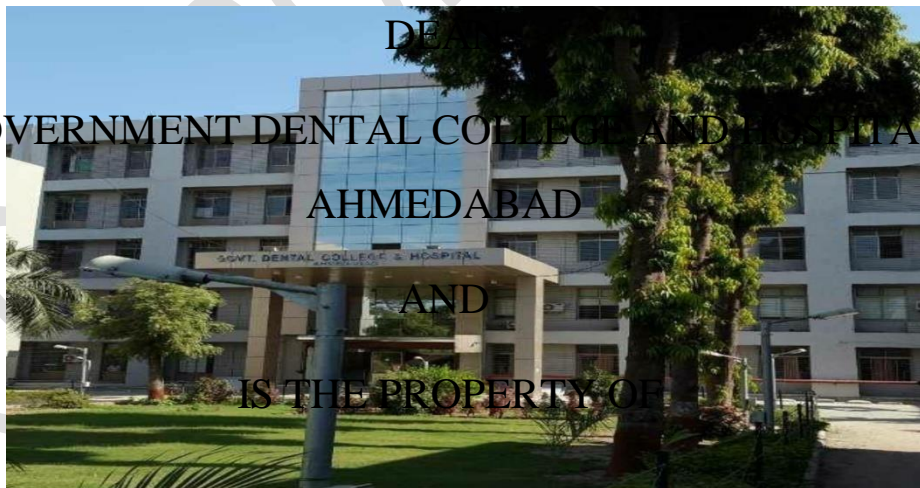
**Reasons for Revision:** Accreditation Standards for Dental health care service providers 2<sup>nd</sup> edition January 2012


<b>Document Name:</b>	<b>HOSPITAL INFECTION CONTROL –VACCINE POLICY</b>
<b>Document No:</b>	<b>QIP/GDCHA/HIC /MANUAL/01</b>
<b>Issue No:</b>	<b>01</b>
<b>Issue Date:</b>	<b>1<sup>st</sup> Jan 2022</b>
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**GOVERNMENT DENTAL COLLEGE & HOSPITAL AHMEDABAD**

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VACCINE POLICY**

EFFECTIVE DATE: - 15<sup>th</sup> May 2019

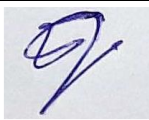

AMENDMENT NO: -00

AMENDMENT DATE: -NA


**Reasons for Revision:** Accreditation Standards for Dental health care service providers 2<sup>nd</sup> edition January 2012



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	QIP/GDCHA/IC/01-07	ISSUE NO: 02
		ISSUE DATE: 1 <sup>st</sup> May 2019
	HOSPITAL INFECTION CONTROL- VACCINE POLICY	EFFECTIVE DATE: - 15 <sup>th</sup> May 2019
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### Vaccination Policy (Hepatitis B)


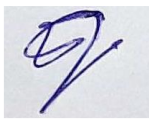

Govt. Dental College and Hospital Ahmedabad make every effort to be a model health promoting campus and to hold up the health of the students and the people in the community with whom they come in contact. All UG and PG Students who enrolls in this institution undertake clinical care in the institution, must comply with the pre and post immunization requisite requirements.


#### Immunization Requirements:

- Medical History Form, which includes an immunization history, shall be given to all new students & must be completed and returned to the Student Section Office prior to the students initial registration.
- All incoming students are required to provide to the satisfaction of Student Health
  1. Evidence of immunization against tetanus, diphtheria within the past 10 years and
  2. Immunization against Hepatitis B (compulsory vaccination at 0,1- & 6-month intervals for All UG & PG Students).
  3. The students vaccination registers are maintained once vaccination is given.

#### Waivers:

- Immunization is compulsory and mandated by Govt. Dental College & Hospital Ahmedabad will not be waived. **(Such as Hepatitis B).**
- A student who objects to immunization upon the grounds that immunization conflicts with his or her valid religious beliefs and practices may request a religious waiver.
- A waiver on religious grounds may be obtained by giving a written request to the Dean.
- This waiver will not apply in case of an emergency or epidemic of disease which is declared by the Ministry of Health.

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### Employee Health of GDCH :

*Administration department will formulate policies on vaccinations of staff recruitment.*

#### 1. Hepatitis B vaccine program

##### A. Vaccine offered/potential exposure

All employees whose jobs involve tasks with potential exposure to blood borne pathogens shall be offered the vaccine series. Any person who, at the time of recruitment claims to be fully vaccinated against HBV, shall have to submit the supportive evidence in the form of anti HBs titers.

##### B. Contractual staff

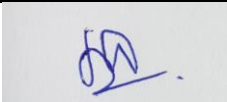
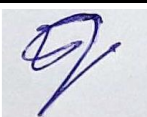

All contract workers shall be vaccinated against HBV before being assigned any work in the hospital. A list of all such workers working anywhere in the hospital at a given time shall be available with the personnel department.


##### C. Pre-vaccination screening

Generally pre-vaccination screening is not offered, but may be provided for employees with a reasonable possibility of being immune, e.g. stating a history of hepatitis but not knowing the type, etc.

##### D. Information provided

Information on the risk of occupational Hepatitis B, as well as other blood borne pathogens, will be provided to all employees at risk.

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**E Declining vaccination**


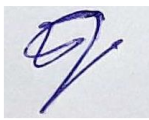

Should an employee choose to decline the vaccine, a declaration form will be completed and the employee will be informed that he/ she may be vaccinated at any time in the future. (See attached Hepatitis consent form.)

**F. Maintenance of records**

Records of vaccination of staff shall be maintained by the personnel department.

**Immunizations recommended:**

- a) •Hepatitis B
- b) •Tetanus

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**HOSPITAL INFECTION CONTROL-  
VACCINE POLICY**

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