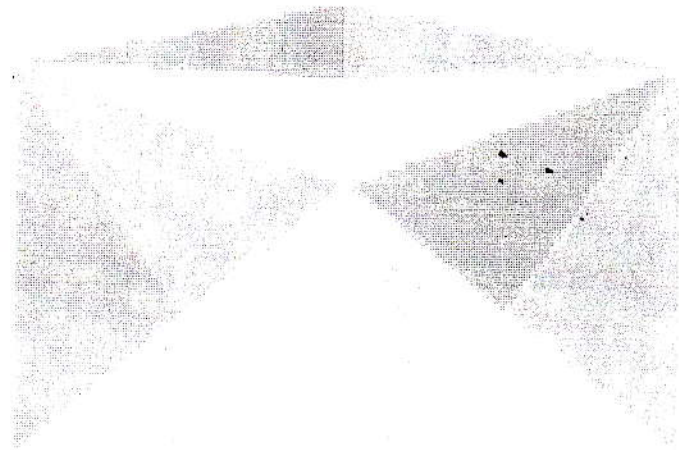


6. Precautions to be taken

- 6.1. Do not open the chamber until the fumigation process gets over.
- 6.2. Do not come in contact with the formalin tablets.

7. Records

Sterilization records to be maintain with the date, time and the person performed the procedure.



CQS

## POLICY AND PROCEDURE FOR FUMIGATION

### 1. Aim:

This policy will provide guidance to the staff for Fumigation sterilization.

### 2. Rationale:

- To prevent the transmission of infection to the health care worker or the patient by providing assurance of proper fumigation.
- To obtain the best result with high concentration of gas humidity above 60% and temperature of not less than 60%.

### 3. Responsibilities of various personnel in the department

- Nurses
- OT technician (OT)

### 4. Preparation for Fumigation

- Clean the whole area, floor, equipments in the best possible manner (Refer policy for equipment cleaning).
- Close air incoming or outgoing s like A/C, ducting, exhaust.
- Before putting the fumigation agent open all the drawers, trolleys etc.

5. Procedure

- Take fumigation machine
- Add 200ml formalin solution.
- Keep the machine at the center of the area and set the desired time for fumigation.
- Seal the door from outside.
- Put a notice on the door, Under fumigation, date, started at and end at.

6. Precautions to be taken

- Do not dilute formalin with water.
- Do not open the door until the fumigation process gets over.
- Do not come in contact with the formalin solution.

7. Records

Fumigation records to be maintain with the date, time and the person performed the procedure.

## POLICY AND PROCEDURE FOR CLEANING

### 1. Aim:

This policy will provide guidance to the staff for Cleaning of equipments.

### 2. Rationale:

To prevent the transmission of infection to the health care worker or the patient by providing assurance of proper equipment cleaning.

### 3. Responsibilities of various personnel in the department

- Housekeeping staff.
- OT technician (OT)

CQS

### 4. Procedure

- Before cleaning make sure that the instrument is in the working condition.
- If the equipment is broken, do not use it, Inform the Incharge and send it for repair.
- The first best preparation you should do is wearing are gloves for protection and to avoid injury.

### Non clinical area/Passage

- The equipments (not came in contact with the patient) should be cleaned with Cleaning agent Sefol or detergent.
- Small brush should be used to eliminate debris and dirt.

### Wards

- IV poles, Wheel chairs, Blood Pressure Monitors, and other equipment will be cleaned by approved disinfectant Bacillocid 100:0.5ml(100 ml water and 0.5ml ml bacillocid) after patient gets discharge.
- Patient Beds, dressing rooms, consultation chambers are to be wiped with the hospital disinfectant Bacillocid 100:0.5ml (100 ml water and 0.5ml ml bacillocid) after patient gets discharge.

### Isolation wards

- Equipment in isolation rooms will be cleaned according to isolation policy, Bacillocid 100:4(100 ml water and 4 ml bacillocid)
- Wall and door can be cleaned with Bacillocid 100:4(100 ml water and 4 ml bacillocid)

### OT

- The person entering inside the OT for cleaning of equipments/ floor/wall etc should wear Cap, Mask, Gown and OT sleeper.
- Wall door, windows, glass should be cleaned every day with Bacillocid 100:2(100 ml water and 2ml ml bacillocid)

- OT Table should be cleaned after every case with Bacillocid 100:2(100 ml water and 2 ml bacillocid)
- Boil's apparatus, monitors, C Arm, trolley, Neuro microscope etc. can be cleaned every day with detergent or soap water.
- Floor should be cleaned after every case with Bacillocid 100:2(100 ml water and 2 ml bacillocid)

### 5. Preparation of disinfectant solution

Take 3/4 th bucket water (more than half) add 200ml of Bacillocid solution.

### 6. Precautions to be taken

- Do not ventilate the rooms immediately after the disinfectant.
- Avoid contact with concentrated solution.
- Do not allow people to walk in and walk out while doing the cleaning procedure.

### 7. Records

Record the time of Date, Time of cleaning and name of the staff performed the cleaning.

## IN SERVICE TRAINING PROGRAM FOR INFECTION CONTROL

### 1. Aim:

Infection Control training educates employees in the basic elements of infection control. This infection control training program is intended for the staff who come in direct contact with the patients.

### 2. Rationale:

- To prevent infection from one patient to other patient.
- To prevent infection from patient to staff.
- To prevent occupational hazards

### 3. Responsibilities of various personnel in the department

- Infection control nurse
- Sister –In-charge
- HR executive
- Project Manager

#### 3.1. Responsibilities of staff

- The infection control nurse is accountable for implementing the standards of infection prevention and control within the clinical area managed.
- The Ward Sister-Charge Nurse expected to promote good infection control practice in the clinical area and identify the

development needs of team members and to make appropriate arrangements to have these training needs met in co-operation with the Infection Prevention and Control Service.

- All employees of the hospital must be aware of infection prevention and control
- Policies and are expected to follow them at all times.
- Any breach of infection control policies will put patients at risk and repeated non compliance will lead to disciplinary action.
- All staff having clinical contact with patients should take monthly updates on Infection Prevention and Control policies and guidelines.
- The Project manager/Infection control nurse will monitor adherence (Evaluation of the training) to the policy according to the NABH guidelines.

### 3.2. Role of HR

- To make arrangements for the training sessions.
- To keep records of the training sessions
- To keep feedback of the training sessions
- To do infection control training need analysis

### 3.3. Support Documents for in service training

- Infection control manual ICM/VER1
- Safety Manual SM/VER1

- Induction Manual IM/VER1
- Infection control Questionnaire
- Training feedback form
- Evaluation form

## NEEDLE PRICK INJURY PROTOCOL

**Introduction:** Any injury sustained as a result of the skin being pierced by sharps used for patients has a potential to cause infection. More than 20 types of infection can occur through this route and HIV, HBV, HCV are considered most important and needle sharps are major culprits.

**AIM:** The policy will provide the staff with guidance regarding protocol in case of needle prick injury

### RATIONALE:

- To protect the staff from infection
- To prevent infection
- To maintain a record of the incidence of needle stick injuries

### PERSONNEL RESPONSIBLE IN THE DEPARTMENTS

- Doctors
- Nurses
- OT In-charge
- Infection control nurse

Patient assistants (Wardboys and Ayyas)

Lab technicians

Housekeeping staff

Needle stick injuries are the result of the following:

1. Unsafe injection practices
2. During mutilation
3. During recapping of needles
4. During suturing
5. Movement of Patient
6. Collection of garbage through accidental prick from needles fallen on floor

Risk of infection is greater for pricks from hollow hypodermic needles compared to suturing needles.

INFECTION	RISK OF INFECTION
HIV	0.3%
HBV	30%
HCV	3-10 %