POLICIES TO PREVENT NOSOCOMIAL INFECTION:

I. Prevention of infections associated with Urinary catherization:

AIM: To have a uniform policy for Catherisation and Catheter care.

RATIONALE: Catheter related urinary tract infection is the most common hospital acquired infection in hospital set-up. The risk of acquiring bacteriuria increases with time, from (approximately 5% per day) during first week of hospitalization. therefore proper procedure is necessary to prevent infection.

PERSONNEL INVOLVED:

Nurses

Physicians

OT staff

(a) Consideration prior to Catherisation

*Aseptic techniques to be maintained throughout the procedure.

*Sterile set in catherization tray to be used

(b) Catheter material

For short term catheterization (<7days) latex material can be used

Silicon catheters can be used for long term (approx 21 days)

(c) Maintenance of Catheter

After insertion, regular inspection of catheter and drainage system to be checked.

Catheter care to be done twice a day (with sterile gauze soaked in betadine solution)

INSERTION OF CATHETER

Catheter must be inserted using an aseptic technique and sterile equipment

After thorough hand-washing, gloving, drape the area properly

Area is cleaned appropriately using betadine solution and xylocaine gel is used as lubricant.

Gently insert the catheter and advance it by holding the inner sterile sleeve, avoiding contact with non-sterile surface.

Inflate balloon

Connect catheter to closed drainage system

The site is to be dressed properly

DRAINAGE BAG

Sterile urobag should be positioned in a way that it prevents backflow of urine

The bag and urine, must at all times be lower than the level of bladder

The bag should be emptied in designated container

Urine recptacle should be disinfected and stored dry after each use

The bag to be changed after 5 days

SAMPLE COLLECTION

Do not obtain sample for bacteriological culture from drainage bag

Catheter to be clamped before 15minutes of collection time

Urine sample to be collected from connection of drainage bag

Before sample collection, the connection site to be wiped or disinfected with spirit swab

Urine to be collected in sterile container directly

II. PREVENTION OF BLOODSTREAM INFECTION

AIM: To have uniform policy of Intravenous catheter insertion and care

RATIONALE: Use of vascular catheter often leads to phlebitis and bloodstream infections

PERSONNEL RESPONSIBLE:

Doctors

Nurses

PROCEDURE:

Two different types of catheter are-

*short peripheral intra-venous catheter

(a) Site preparation

*Peripheral site to be assessed first

*Bony prominence and joints to be avoided

(b) Hand hygiene

Thorough hand washing technique must be followed and use of alcohol hand rub

(c) Skin Preparation

Selected area to be wiped with spirit swag

Disinfect the part with betadine solution, but the stroke is to be given in one direction -center to periphery(once the site is prepared it should not be palpated)

(d) Insertion of catheter

Do not touch the shaft of the catheter with fingers during insertion

Select correct size catheter,which will fit easily in veins.

Insert catheter using "no-touch-technique"

Do not attempt repeated insertion with same catheter

(f) Dressing,Types and Frequency of change

After securing the catheter with adhesive tape,make sure to label DATE of insertion

Connect to intravenous administration set, label regulator with date and name of patient.

(g) Replacement of administration of sets

Intermittent infusion sets to be changed in every 24 hours

Continuous infusion sets to be changed in every 48 hours

Plasma sets and blood sets to be changed in 4 hours. If it is a prolonged infusion then the same set can be used upto 24hours but not more than that.

(h) Stopcock and side ports

Catheter with injection side ports can be safely used with standard hygienic precautions.

Clean injection ports with 70% alcohol before access

Side port to be kept closed when not in use

(i) Anti coagulant flush

Sharp Disposal

After insertion of catheter all the sharps, including the stillet is to be disposd in the designated PPC.

POLICY AND PROCEDURE FOR HANDWASH

1. **Aim:** To guide the staff how and when to wash hands in a proper technique.

2. **Rationale:**

   2.1. Hand hygiene refers to removing or killing microorganisms (germs) on the hands.

   2.2. The purpose of a hand-washing policy and procedure in the workplace is to promote hygiene and prevent the spread of germs and infectious diseases.

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

   Doctors

   Nurses

   Patient assistants

   Housekeeping staff

   Pantry boys

   Technicians

4. When should hand hygiene be performed

   4.1. Before and after contact with any patient/resident, their body substances or items contaminated by them

   4.2. Between different procedures on the same patient/resident

   4.3. Before and after performing invasive procedures

4.4. Before preparing, handling, serving or eating food or feeding a patient/resident

4.5. After assisting patients/residents with personal care (e.g. assisting patient to blow nose, toileting or doing wound care)

4.6. Before putting on and after taking off gloves

4.7. After performing personal functions (e.g. using the toilet, blowing your nose)

4.8. When hands come into contact with secretions, excretions, blood and body fluids (use soap and running water whenever hands are visibly soiled.

4.9. Hand washing Instructions

- To wash hands properly, always running water should be used.
- Rub all parts of the hands and wrists with soap and water or an alcohol-based hand rub.
- Wash hands for at least 15 seconds or more.
- Pay special attention to fingertips, between fingers, backs of hands and base of the thumbs.
- Keep nails short
- Wash wrists and forearms if they are likely to have
- Remove watches, rings and bracelets been contaminated
- Do not use artificial nails
- Make sure that sleeves are rolled up and do not get
- Use of a clean towel is important part of effective hand washing.

5. Hand-washing with soap and water-Steps.
   - 5.1. Wet hands with water
   - 5.2. Apply enough soap to cover all hand surfaces
   - 5.3. Rub hands together, palm to palm.
   - 5.4. Right palm over left dorsum with interlaced fingers and vice versa
   - 5.5. Palm to palm with fingers interlaced backs of fingers to opposing
   - 5.6. Palms with fingers interlocked
   - 5.7. Rotational rubbing of left thumb clasped in right palm and vice versa
   - 5.8. Rotational rubbing; backwards and forwards with clasped fingers of right hand in left palm and vice versa
   - 5.9. Rinse hands with water
   - 5.10. Dry thoroughly with a single use towel

6. Cleaning with alcohol-based hand rub-Steps
   - 6.1. Apply a palm-full of the product in a cupped hand and cover all surfaces.
   - 6.2. Rub hands together, palm to palm.
   - 6.3. Right palm over left dorsum with interlaced fingers and vice versa
   - 6.4. Palm to palm with fingers interlaced backs of fingers to opposing
   - 6.5. Palms with fingers interlocked

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

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

6.8. Dry it properly

POLICY AND PROCEDURE FOR BIOMEDICAL WASTE MANAGEMENT

1. **Aim:** This policy will provide guidance to the staff for medical waste management, segregation and treatment and disposal, based upon current best practice.

2. **Rationale:**
   2.1. To protect the environment.
   2.2. To prevent the infections.

3. **Responsibilities** of various personnel in the department
   Doctors
   Nurses
   Patient assistants
   Housekeeping staff
   Pantry boys
   Technicians

4. Colour coding for Categories of waste
   4.1. Yellow - Human Anatomical Waste human tissues, organs, body parts bleeding parts, fluid, and blood. Microbiology & Biotechnology waste (wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines