

### Components of respiratory isolation:

- \* Place the patient in a single\private room with closed doors. Patients with same illness (but no other infection) can be cohorted in one room.
- \* Masks to be worn by those who enter the patient's room.
- \* Gloves are necessary when handling the patient.
- \* Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
- \* Articles contaminated with infective material must be discarded or bagged and labeled before being sent for decontamination.

## 12. Precautions Against Contact Transmission

Contact isolation precautions are recommended for specified patients known or suspected to be infected with microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient care) or indirect contact (touching) with contaminated surfaces or patient-care items.

### Components of contact isolation:

- Gowns are indicated if soiling is likely
- Gloves are indicated for touching infected material/area
- Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
- Adequately clean and disinfect equipment and patient's articles.

13. Isolation for Patients Highly Susceptible to Infection

Patients with certain disease or on certain treatment (immune compromised) are highly susceptible to infection and hence have to be protected with isolatory methods

Employees who are ill (e.g.: common cold) must not be assigned to the care of such patients

Hand washing, use of gloves, masks must be emphasized, so as to protect the patient

## **POLICIES AND PROCEDURES FOR LINEN AND LAUNDRY MANAGEMENT.**

### **1. Aim:**

To reduce the risk to Patients, health care workers, laundry staff that may be associated with the use and handling of laundry that is potentially or actually contaminated with an infectious agent.

### **2. Rationale:**

### **3. Routine Handling of Soiled Linen:**

Soiled linen should be bagged or put into carts at the location where it is used; it should not be sorted or pre-rinsed in patient-care areas.

Linen used by patients diagnosed to have HIV, HBV, HCV and MRSA is to be decontaminated by soaking in bleaching solution for an hour.

### Transportation and Storage of Clean Linen:

Clean Linen should be transported and stored by methods that will ensure its cleanliness

### **4. Laundering of Linen**

Used linen must be placed into white plastic bags.

Care must be taken to prevent seepage of blood-body fluids from laundry bags.

## HIC - Hospital Infection Control & Biomedical Waste Management

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The Laundry service is responsible for providing an adequate, clean and constant supply of linen to all users.

ALL registers in the linen services must be maintained and up to date.

*Appropriate cleaning agents should be used.*

Time schedule to be prepared for collection of soiled linen, delivery of clean linen etc.

## POLICY AND PROCEDURE AUTOCLAVING

### 1. Aim:

This policy will provide guidance to the staff for Autoclaving procedure.

### 2. Rationale:

To sterilize the articles, dressing material, trays, drums etc.

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

- Nurses
- Autoclave Machine operator (OT technician)

### 4. Cleaning of articles

- Before autoclave all the articles must be washed properly with detergent.
- The articles contaminated with blood, body fluids must be cleaned with disinfectants.
- All the material for autoclave must be clean and prepared on a clean place.

### 5. Material Preparation

- Ensure that the material is able to be autoclaved
- Glassware must be inspected for cracks prior to autoclaving.
- Prepare the pack/tray as per the requirement.

- Wrap the tray/material in clean surgical towel. Wrapping too tightly will impede steam penetration, decreasing efficiency of the process.
- Plastics must be heat-resistant e.g.: polycarbonate (PC), PTFE ("Teflon") and most polypropylene (PP) items.
- Sharps must be in a designated 'Sharps' container.
- Items should be placed in a stainless steel trays or drums for their stability and ease of handling.
- The trays/drums must not be tightly sealed as steam cannot penetrate.
- Label the pack with the date of autoclaving, name of pack/ tray.
- Items must be tagged with autoclave identification tape to verify sterilization.
- Loosen all lids to prevent pressure build-up.
- Record the material/trays/drums to be sent for autoclaving in a autoclaving register.

### 6. Loading Autoclave

- Wear heat-insulating gloves, before loading.
- Place material in autoclave. Do not mix incompatible materials.
- Do not overload; leave sufficient room for steam circulation. If necessary, place the container on its side to maximize steam penetration and avoid entrapment of air.
- Close and latch door firmly.

### 7. Operating Autoclave

- Check to be sure that the water reservoir is filled (approximately 1" from top)
- Choose appropriate cycle ( e.g. fluid, dry etc) for the material.
- Set appropriate temperature for the cycle.
- Turn the autoclave to FILL MODE and wait until the water in the bottom of the autoclave covers the fill plate.
- Turn the autoclave to STERILIZE MODE and load autoclave
- Close and lock door
- A steam cycle is approximately 45 minutes if the autoclave is cold and approximately 20 minutes if it is already warmed from a previous steam cycle.
- When cycle is complete, turn autoclave to VACCUM MODE for 5 min and remain there until pressure drops.
- Turn the autoclave to CLOSE EXHAUST MODE for 15 min.
- Do not attempt to open the door while autoclave is operating.
- The manuals for operation of the autoclave should be located on the wall in autoclave room.

### 8. Unloading Autoclave

- Wear heat-insulating gloves and closed toed shoes.
- Ensure that the pressure of the chamber is '10' before opening the door.

- Wear gloves and stand back from the door as a precaution, carefully crack door open no more than 1 inch (2.5 cm) to release residual steam and allow pressure within liquids and containers to normalize.
- Allow sterilized material to stand for 10 minutes in the chamber. This will allow steam to clear and trapped air to escape from hot liquids, reducing risk to operator.
- Do not agitate containers of super-heated liquids or remove caps before unloading.
- After removal from the autoclave, place hot items in an area which clearly indicates the items are 'hot' until the items cool to room temperature.
- Push door closed.

### 9. Autoclave Log

- Entries must be placed in the log books each time the autoclave is used. These records are used for maintenance/service schedules and reporting of incidents, accidents and/or faults
- The cycle records for the autoclaves will be kept on top of the autoclave
- Entries should include: operator's name, date, time and duration.

10. Maintenance and repair

- No person shall operate the autoclave unless the autoclave is in good repair
- Users should not make repairs
- Report machine problems to extension\_\_\_\_\_

## POLICY AND PROCEDURE FOR STERILIZATION OUTBREAK

### 1. Aim:

This policy will provide guidance to the staff about what to do if there is sterilization outbreak.

### 2. Rationale:

- 2.1. To Avoid HAI infections in the hospital
- 2.2. To avoid post surgical complications.

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

- 3.1. Nurses
- 3.2. OT Technician
- 3.3. OT In-charge
- 3.4. Infection Control Nurse

### 4. How to test validity of the sterilization

If the Autoclave identification tape do not turn black after autoclaving, then the sterilization is considered invalid.