





RG&DH

Infection Control External Policies

1. SOP FOR ISOLATION OF PATIENTS IN A SINGLE ROOM
2. SOP FOR HAND WASHING AND HYGIENE
3. SOP FOR USE OF MASK AND PROTECTIVE EYE WEAR
4. SOP FOR SAFE HANDLING OF CONTAMINATED LINEN
5. SOP FOR PREVENTION OF BLOOD BORNE VIRUSES (HBV, HCV).
6. SOP FOR POST EXPOSURE MANAGEMENT OF HEALTH CARE WORKERS (HCW) TO PATIENTS BLOOD AND BODY FLUIDS.
7. GOWNS AND PLASTIC APRONS
8. SHARP OBJECTS INJURIES
9. USE OF GLOVES
10. NEEDLE INJURY

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	RG&DH	
	INFECTION PREVENTION AND CONTROL	
	ISOLATION OF A PATIENT	
Issue # 01	Document # SOP/IPD/001	Issue Date:

INFECTION PREVENTION & ISOLATION OF A PATIENT IN A SINGLE ROOM

1. Purpose

- a. The purpose of this procedure is to provide guidance for isolation of patients in a single room. In general, a single room can reduce the possibility of transmission of infectious agent in two ways.
- b. To identify and separate infected patients, from susceptible patients
- c. To decrease the chance of transmission of airborne infection
- d. As a reminder for health care staff to wash their hands before leaving the room and when in contact/handling other patients

2. Scope

This procedure is applicable to all staff

3. Responsibilities and Authorities



Infection prevention and control committee and generally the whole staff.

4. Procedure and Principles

- a. All patients with communicable diseases (suspected or confirmed) should be nursed in a single room
- b. Patients with infections that are transmitted by airborne routes.
- c. Patients with diseases that are highly infectious or are caused by micro-organisms that are likely to be virulent when transmitted
- d. If patient hygiene is poor, for example if patient does not wash hands after touching infective material (feces, purulent drainage and secretion) contaminates the environment, or shares contaminated articles, such patients may include who have altered mental status.
- e. Patients colonized with microorganisms of special clinical or epidemiological significance, for example, multi drug resistant bacteria or MRSA or Beta hemolytic Streptococcus Group A
- f. Patients with same disease may share the room

5. Diseases Requiring a Single Room

- a. Bronchiolitis-suspected RSV infection
- b. Multiple antibiotics resistant bacteria (Acinetobacter species).
- c. Pulmonary tuberculosis
- d. Viral hemorrhagic fever/ Congo hemorrhagic fever.
- e. Gastroenteritis (food poisoning) due to enteric pathogen.
- f. Hepatitis A, Rotavirus, acute poliomyelitis.
- g. Meningococcal meningitis
- h. Chicken pox
- i. Clostridium difficile
- j. Immune-compromised

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	I N F E C T I O N P R E V E N T I O N A N D C O N T R O L	
	H A N D H Y G I E N E	
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I N F E C T I O N P R E V E N T I O N A N D H A N D H Y G I E N E

Purpose

The purpose of this procedure is to ensure that all clinical staff is aware of their responsibilities in relation to hand hygiene by outlining

- a. The principles behind hand hygiene
- b. The appropriate methods, products and procedures required to carry out effective hand hygiene.

This SOP outlines how and when hands should be decontaminated. Procedure includes both hand washing with liquid soap and water and hand disinfection using alcohol hand rubs.

Scope

This procedure is applicable to all staff.

Responsibilities and Authorities

Infection prevention and control committee and in general all staff.

Background:

Hand hygiene is the most important procedure which contributes significantly in keeping patients safe. It's a simple low cost action to prevent the spread of many microorganisms that cause health care associated infections.

Whilst hand hygiene is not the only measure to reduce HCAI compliance can dramatically enhance patient's safety.

Hand washing before and after contact with patients or clinical specimens is the single most important procedure for preventing hospital acquired infections. This must not be neglected even if no touch technique are used or if gloves are worn. Transient colonization of the health care workers/staff can also be eliminated by hand washing.

When should hands be cleaned?

According to WHO the following are the most important moments to prevent HCAI

- a. Before and after contact with the patient.
- b. Before initiating a clean/aseptic procedure.
- c. After exposure to body fluids.
- d. After contact with patients around you.

In addition hand hygiene should be undertaken:

- a. On entering and leaving any clinical area
- b. Before eating or drinking
- c. Before food or drink service or administration of medicines.
- d. Before contact with immune-compromised patients.
- e. Before caring for those at higher risk of acquiring infections.
- f. After coughing or sneezing
- g. After using the toilet

Principles

Hands must be washed with an antiseptic solution/skin cleanser and/or soap and water

- a. Before performing all invasive procedures
- b. Before taking care of particularly susceptible patients
- c. After removal of gloves or other PPE
- d. Immediately after possible exposure to microbes
- e. After touching inanimate sources like urinals, bedpans, urine measuring jugs and secretion collection
- f. After taking care of patients likely to be colonized with multi-drug resistant coliforms and MRSA
- g. Between contact with patients in CCU
- h. Alcohol hand rubs in emergency situations.
- i. Nails should be kept clean and short. Rings and wrist watches should be removed prior to hand washing

Routine hand washing techniques:

a How to wash with water and soap

- Vigorous wash with water and soap
- Wet hands up prior to applying soap
- Lather well, rub all the parts of hands.
- Rinse well and dry
- Turn off water
- Nails should be short and clean

b How to clean with alcohol hand rub

- Apply 1-2 shots of alcohol gel
- Use recommended procedure as described
- Continue rubbing until hands are completely dry

Selecting the Correct Hand Hygiene Product

a Liquid and soap and running water

- Hands are visibly soiled
- Contact with body fluids
- The patient has diarrhea

b Alcohol hand rub

- Can be used in almost any situation

c Hand Disinfectants

- Should be reserved for surgical scrub

d Patient's Hand Hygiene

- Especially after toileting and before food/drinks

Effective Hand Hygiene

a Preparing for hand hygiene

- Nails must be kept short and clean
- Rings and watches should be removed prior to washing
- Cuts or abrasions must be covered with water proof dressing
- Clinical staff should be bare below the elbows.

Preparing the clinical environment for Effective hand hygiene

Following facilities must be emplaced.

- Wash hand basins
- Alcohol hand rub dispensers

How to care for your hands?

- Regular use of hand moisturizers protects hand from dryness.

Outbreaks of infections

During an outbreak, the infection control team may advise on the most appropriate agent to be used for hand decontamination.



Alcohol hand rubs are not recommended during viral gastroenteritis or for *Clostridium difficile* infection. Soap and water hand washing should be used.

Use of Gloves

Gloves are never an alternative to hand hygiene. Hands must be cleaned before patients contact even if gloves are worn. Alcohol hand rubs should not normally be used on gloved hands. Gloves minimize the risk of infection. Gloves are however single use items and should be disposed off as clinical waste and:

- Hands must always be cleaned after glove removal.
- Grasp the outside of glove with opposite glove hand. Peel glove off
- Hold the removed glove in the gloved hand.
- Slide fingers of gloved hand under the remaining glove at the wrist.
- Peel second glove off over the first.
- Discard it into the clinical waste.

Alcohol swabs can also be used instead.

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	MAS K AND PROTECTI VE GEARS	
Issue # 01	Docu ment # SOP/IPD 001	Issue Date:

SOP FOR USE OF MASK AND PROTECTI VE EYE WARES

Procedure

To provide guidance for the use of mask and protective eye wear

Scope

This procedure is applicable to all staff

Responsibilities and Authorities

Infection Prevention and Control Committee, and in general all staff

Procedure



a. General

- An ordinary mask
- High filtration mask

b. Principles

- Masks should be used to prevent inhalation of large aerosols.
- Masks should be used in procedures involving droplets of blood and other body fluids.
- Masks in combination with eye protection devices should be worn whenever splashes, splatters, spillage or droplets are anticipated
- Nose and mouth should be covered without any spacing
- Masks should be disposable and should only be used once.
- Cannot be lowered around neck to be reused.
- Talking causes droplet spread. It should be avoided.

- Reusable goggles should be cleaned with water and soap when visibly soiled
- Respiratory isolation card should be displayed with patients with respiratory diseases.
- All patients should wear masks while moving around in hospital.

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	INFECTION PREVENTION AND CONTROL	
	CONTAMINATED LINEN	
Issue # 01	Document # SOP/IPD/001	Issue Date:

Purpose

To provide guidance for safe handling of contaminated linen
 To avoid vigorous motion with linen during bed making

Scope

This procedure is applicable to all nursing staff and laundry staff.

Responsibilities and Authorities

- a. Infection Prevention and Control Committee
- b. Clinical staff
- c. Laundry staff
- d. House keeping staff

Procedure



a. General:

- Contaminated linen should be handled gently to prevent aerosols dispersal in patient care environment
- Soiled linen should be handled as little as possible.
- Attention to prevent gross microbial contamination of the patient care environment and persons handling linen.

b. Principles:

- Prepare hamper bags
- Great care to ensure that irrelevant articles are not put in laundry bags. Eg tissues, papers, cotton gloves
- Inpatient and outpatient nursing staff should ensure that infected linen is disposed in coded bags properly.
- Adequate supply of bags should be ensured
- Keep hamper bags within reach near to the bed
- Wear gloves while handling linen soiled with body fluids.
- Wear plastic aprons

- Completely remove all soiled linen from the bed and wash hands while bed making
- Remove bed linen by gently rolling it towards bed's center to avoid body fluid spillage.
- Don't throw dirty linen on the floor untreated
- Soiled mattresses should not be given to the laundry staff but to be given to the house keeping staff for disposal with complete foam to be filled and submitted for reissuance to keep par level in balance.

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	<u>BLOOD BORNE VI RUSES</u>	
Issue # 01	Docum ent # SOP/IPD 001	Issue Date:

**SOP FOR PREVENTION OF BLOOD BORNE VI RUSES
(HBV, HCV and H V) INFECTI ONS**

Purpose

To provi de guidance for prevention of blood borne viruses (HBV, HCV and H V)

Scope

This procedure is applicabl e to all staff

Responsibilities and Authorities

- a. Infecti on Preventi on and Control Committee
- b. Clinical staff
- c. Laundry staff
- d. House keepi ng staff

Procedure

a. **Principle**

The consultant in charge of the patient is responsible for ensuring that all members of the surgical team are aware of the infection hazards and infection control measures to be taken advice may be sought at any time from consultant microbiologist.

Hepatitis B vaccination: Essential for all surgeons and members of the surgical team

b. **Universal/ Standard Precautions for the Control of Infection**

Following are the measures taken:

- Prevent sharps injuries

- Prevent contaminated items

c. **Universal precautions apply to :**

- Invasive procedures
- Care of procedures involving blood and body fluids
- Handling and cleaning of contaminated equipment
- Disposal of clinical waste material.
-

Staff should ensure that they are familiar with infection control policy and contact consultant microbiologist in case of any queries. They include:

- Hand washing
- Skincare
- Gloves
- Aprons
- Eye protection
- Masks
- Sharps handling

c. **Needle Prick Injury**

In the event of sharps or needle stick injury:

- Encourage bleeding from wound. Don't suck or rub
- Wash area thoroughly with water and soap
- Cover with the water proof dressing
- If known, note the name of the patient
- Report to consultant microbiologist
- Notify line manager and document incident

d. **Transportation of High Risk Patient**

- To theatre from ward, try to transport patient on his own bed or trolley and body fluid or blood stains should be cleaned with 1% hypochlorite solution
- On return to ward, recover should be proper

General Precautions

- a. High risk patient should be put last on the list in order to allow time for adequate decontamination of the theatre after ward.

- b. Unnecessary items should be removed from theatre for adequate decontamination. Other items should be pushed away or covered with sheets of plastic in theatre.
- c. The operating team should be limited to essential staff only.
- d. Disposable drapes should be used. Always check that the mattresses cover is intact
- e. Pre-op shaving should be avoided.

Preparation of Theatre Equipment

- a. Clear room of all non-essential equipment. Use disposable suction bottles and tubing
- b. Instrument Decontamination
- c. Autoclavable instruments
- d. Non- Autoclavable instruments

Spillages

Wear gloves and spray 1% Sodium Hypochlorite over spillage of blood, feces, vomit and urine etc.

Disposal of Waste

Disposable items must be placed into a yellow plastic bags for incineration which must not be filled more than $\frac{3}{4}$ full.



Foot wares Decontamination

Boots must be removed on leaving contaminated area since blood is readily disseminated unwittingly from foot wares.

Decontamination procedure: wear glove and apron. Wipe out outer surface of boots with 1% hypochlorite solution.

Domestic Management

Domestic quality gloves and aprons must be worn. All equipment, surfaces and floor must be thoroughly cleaned with hot water and detergents. 0.1% solution of sodium hypochlorite should be used for this purpose.

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	<u>GO WNS AND PLAST IC APRONS</u>		
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Purpose

1. To provide guidance for use of gowns and plastic aprons
2. To ensure the usage of gowns and plastic aprons
3. To prevent soiling of clothes, with blood or any other potentially infectious material.

Scope



This procedure is applicable to all clinical staff.

Responsibilities And Authorities

1. Infection prevention and control committee
2. Clinical staff

Procedure and Principles

1. Appropriate protective clothing such as gowns, plastic aprons and lab coats shall be worn in occupational exposure situations
2. Protective clothing should not permit blood or other potentially infectious materials to pass through or to each care giver's clothes or body. If a garment is penetrated with the blood or potentially infectious materials the garment should be removed immediately or as soon as possible.
3. Surgical caps and shoe covers should be worn in instances when gross contamination is anticipated, e.g. autopsies or surgeries.
4. All personal protective clothing should be removed prior to leaving the work area
5. Unsterile gown or aprons to protect the wearer should be worn
6. Sterile protective gowns should be used to protect the patient when full sterile protection is required
7. Hands must be thoroughly washed and dried before taking off the gown or aprons.

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	SHARP OBJECTS INJURIES		
Issue # 01	Document # SOP/IPD/001	Issue Date:	

Purpose

1. Provision of infection free environment
2. To minimize infections
3. To protect occupational health and safety

Scope

This procedure is applicable to housekeeping department

Responsibilities and Authorities

1. Assistant Manager Administration
2. Admin officer
3. Housekeeping supervisor

Procedure

1. Sharp Safety:

- a. Take care to prevent injuries when using syringes, needles, scalpels and other sharp instruments
- b. Place used disposable syringes and needles, scalpel blades and other sharp items in a puncture resistant container with a lid that closes.
- c. Such containers must be located in all patient care and lab area where they are easily accessible to personnel working in these locations
- d. Take extra care when cleaning sharp re-useable instruments
- e. Never re-cap or bend the needle

- f. Sharp must be appropriately disinfected or destroyed as per the national standards

2. **Disposal of Sharp Objects:**

Sharp objects represent a threat for transmission of HIV, HBV, and HCV. The following procedure must be adhered to ensure that this risk is minimized. Respective manager must ensure adherence policy items.



- a. All sharp objects must be placed in designated containers only
- b. Containers must be placed in all patient rooms and inconvenient locations in all patient care areas
- c. If a sharp object is open from its sterile packing and not used it still must be disposed in said containers
- d. Normal waste must not be disposed in a sharp container.
- e. Sharp objects must not be carried around or placed in packets while working
- f. Sharp objects must not be filled to more than 3/4^h capacity
- g. The container should be carried out by designated persons from housekeeping and disposed off by incineration

3. **Exposure to Hepatitis via needle stick or splash**

Needles must not be recapped if absolutely necessary one hand technique should be used. Gloves should be used for invasive procedures. Open wounds must be covered with water proof dressing. Protective eye wear must be worn if spray or splash is expected. If an exposure occurs the following procedure must be adopted.

4. **Express any blood out of the punctured area**

The punctured site should be cleaned with liberal amounts of alcohol and immediately report the incident officially and to your supervisor. Obtain full information about the patient on whom the needle was used, especially in regard to HIV, HBV and HCV. Report to the registrar ward or the resident on call (after hours)

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	INFECTION PREVENTION AND CONTROL	
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**POST EXPOSURE MANAGEMENT OF HEALTH CARE WORKERS (HCW
TO PATIENT S BLOOD AND BODY FLUIDS**

Purpose

- a. To minimize the risk of infection in the health care setting from blood-borne pathogens which are most commonly involved in occupational transmission of Hepatitis (B and C) and HIV infections.
- b. To provide guidance on the follow-up on HCWs exposed to hazardous blood and body fluids, needle stick injuries, abraded skin and mucosa membrane contact (eye or mouth)
- c. To provide guidance for post exposure follow-up, counseling screening against Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV)
- d. To establish reporting and record keeping systems for follow-up of high exposures for early detection and health intervention.

Scope:

This procedure is applicable to all Clinical Staff.

Responsibilities and Authorities

- Infection Prevention and Control Committee
- Clinical staff

Principles

ALL blood and body fluids are potentially infectious. Blood and body fluids from known or suspected cases can cause contamination of eye, mouth, skin cuts or abrasions and transmission of blood borne pathogens. These exposures are preventable by careful attention and adherence to Universal/standard Precautions

**NOTIFICATION FORM FOR NEEDLE PRICK AND EXPOSURE TO BLOOD
AND BODY SECRETIONS OF PATIENTS.**

Name: _____ Employee #: _____ Unit _____

Date and Time of Incident: _____ Contact #: _____

Type of injury: _____ Needle Stick/ Cut s: _____

Mucosal exposure to blood and body secretions: _____

Details of incident: _____

Patient's Name: _____ Patient's MR #: _____

Blood test done: HBV + HCV + HIV +

Date of blood test: _____

Needle Stick Policy followed: YES _____ NO _____

Infection Control Officer Notified: YES _____ NO _____

Seen in Emergency Room: YES _____ NO _____

Previous Immunization: _____ Date: _____

Signature of employee: _____ Date/time: _____

Signature of immediate supervisor: _____ Date/time: _____

FOR OFFICE USE ONLY

Actions taken by ICO

Patient's blood test: _____ Date: _____ Result: _____

Employee's blood test: _____ Date: _____ Result: _____

Immunization: _____ Date: _____ Sign: _____

Steps to be followed after Blood and Body Fluids / Mucosal Exposure and / or Needle stick Injury

1. If the eyes are contaminated, rinse gently with open tap water or saline
2. If blood gets in the mouth, spit it out and then rinse mouth with water several times.



Steps to be followed after Needle Stick Injury

1. Allow injury to bleed
2. Wash the injured site immediately with soap and water
3. Note the following immediately:
 - a. Patient's name and Registration #
 - b. Patient's status of:
 - i. Hepatitis B
 - ii. Hepatitis C
 - iii. HIV
 - c. Area in which the injury has occurred
 - d. Source of trash
4. As soon as possible complete an incident report from signed by departmental head / designee. send it immediately to the infection control office
5. On week days , contact infection control nurse
6. On weekends and public holidays , contact the nursing supervisor

NOTE: The post exposure strategy depends on the infecting organism, vulnerability to acquire infection and immunization status of the employee exposed.

Post Exposure Counseling of the Employee About:

1. Importance Of Universal / Standard Precautions viz
 - a. Wearing gloves if there is a risk of contact with blood and body fluids
 - b. Wearing eye glasses or goggles, mask and/ or gown if there is a risk of splashing of blood and body fluids
 - c. Always wash hands before and after patients contact and on removal of gloves
 - d. Disinfection and cleaning of contaminated spills immediately
2. The Risks of HIV/ HBV, HCV Infection
3. Routes and possible risk of possible transmission
4. Safer sex, delaying pregnancy and not donating blood
5. Report any febrile episodes within 12 weeks after the exposure, rashes, fever or swollen lymph glands should be noted during this period
6. With informed consent, test the health care givers blood for HIV, HBV, HCV at the time of exposure for a baseline
7. Importance of compliance with post exposure protocols

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	INFECTION PREVENTION AND CONTROL	
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**SOP FOR PREVENTION OF BLOOD BORNE VIRUSES (HBV, HCV AND HIV)
INFECTION**

Purpose:

The purpose of this procedure is to provide guidance for prevention of blood borne viruses (HBV, HCV and HIV) infection.

Scope:

This procedure is applicable to all staff.

Responsibilities and Authorities:

Infection Prevention Control Committee

Clinical staff

Housekeeping staff

Procedure & Principles

The consultant in charge of the patient is responsible for ensuring that all members of the surgical team are aware of the infection hazards and the infection control measures to be taken.

Advice may be sought at any time from consultant microbiologist (contact via switch board)

Hepatitis B Vaccination HBV is essential for all surgeons and members of the surgical team who have regular contact with blood.

High Risk Patients

Patients at high risk of blood borne infections include patients who are:

- a. HIV Ab positive (with or without AIDS)

- b. HepBs Ag positive
- c. Hep C Ab positive (especially those with viremia i.e. HCV RNA PCR positive)

Universal /Standard Precautions for the Control of Infection

- a. All staff working within the theatre must use standard precautions at all time.
- b. Healthcare workers who may come into contact with blood, secretions and excreta may be exposed to pathogen including blood borne viruses such as HIV, Hep B and C. It is impossible to identify all those infections, blood borne or otherwise. Therefore, it is recommended that all body fluids are regarded as potentially infectious and those standard precautions are used.
- c. The most common means of transmission is direct contact, particularly via hands. Blood borne infections are most likely to be transmitted by direct percutaneous inoculation of infected blood via a sharp injury. blood contact with broken skin or mucous membranes also provides a route of transmission of blood borne viruses and minimize the transmission of other pathogens. The aims to:
 - Prevent sharp injuries
 - Prevent contaminated items being used between patients
- d. Universal/standard precautions apply to:
 - Invasive procedures
 - Care or procedures involving the handling of blood and body fluid
 - Handling and cleaning of contaminated equipment
 - Disposal of clinical waste materials and sharps

Staff should ensure that they are familiar with infection control policy and contact consultant microbiologist in case of any query (via hospital switchboard).

Hand Washing: Hand washing must be carried out after removal of protective clothing between patient contacts, after contact with blood and body fluids, before invasive procedures and before handling food.

Skin: Cuts and abrasions in any areas of exposed skin should be covered with the dressing which is waterproof, breathable and is an effective viral and bacterial barrier.

Gloves: Seamless, non-powdered gloves should be worn whenever contact with body fluids is anticipated. Sterile gloves are required for invasive procedures.

Aprons: Disposable plastic aprons or water impermeable gowns should be worn whenever splashing with body fluids is anticipated.

Eye Protection: Goggles and safety spectacles should be worn whenever splashing with body fluids or flying contaminated debris is anticipated.

Masks: Masks are worn when there is a risk of blood splash to the face.

Sharps: Take care during the use and disposal of sharps. Do not re-sheath the sharps. Dispose of all sharps at the point of use into an approved sharps container. Do not overfill sharp container.

Needle stick injury

In the event of sharps or needle stick injury:

- 1 Encourage bleeding from the wound. Do not suck or rub
- 2 Wash area thoroughly with soap and water
- 3 Cover with a water proof dressing
- 4 If known, note the name of the patient
- 5 Report to consultant microbiologist
- 6 Notify line manager and document incident

Conjunctiva/ mucous membrane:

If splashed with blood stained body fluids, irrigate with copious amount of saline and follow steps 4-6 above

Spillages:

Wear apron and disposable gloves. Absorb liquid using paper towels. For Blood spills, sprinkle with NaDCC granules and leave for several minutes. Clean area with detergent and water and dry. In the absence of disinfectants for spillage of all body fluids, clean area thoroughly with detergent and water wearing protective clothing. Discard all equipment into yellow clinical waste bags

Waste:

All waste contaminated with blood or body fluids must be discarded into yellow clinical waste bags, labeled and sent for incineration according to local policy.

Transportation of high risk patient

To theatre from ward

Where clinically appropriate, the patient may walk to theatre if required, completely with fresh linen. When transferred onto the operating table the theatre trolley should

be inspected and if it is visibly dirty or blood/body fluid stained it should be cleaned with 1% hypochlorite solution*.

*If Sodium hypochlorite is not available, then Triacid-N 1% can be used. Spray Triacid-N 1% on blood/body fluids stains and leave for 15 minutes before being wiped with a clean cloth

On return to ward

High-risk patients should be recovered in the recovery area following universal/standard precautions.

All used linen should be placed in a plastic bag labeled as "High Risk of Infections" and returned to the laundry for further processing. Disposable linen must be discarded into yellow clinical waste bag. The trolley should be returned to theatre for cleaning using a detergent wipe if not visibly dirty and with 1% hypochlorite solution (10,000 ppm available chlorine) if contaminated with blood obvious spillage must be cleaned immediately using this solution.

General Precautions

- a. Whenever possible the consultant /operating surgeons must ensure that the high risk patients is put last on the list, in order to allow time for adequate decontamination of the theatre after wards
- b. Unnecessary the equipment should be removed from the theatre, in order to reduce the amount of decontamination required after the operation. If it is envisaged that the operation will cause blood and body fluid loss which could splash or contaminate any surface then any movable equipment must be pushed away from the operating field and / or covered with a plastic sheet
- c. The operating team should be limited to essential staff only
- d. Disposable drapes should be used. Always check that the mattress cover is intact
- e. Pre-op shaving should be avoided. Clippers or depilatory cream may be used for essential hair removal. Hair removal should not be carried out in operation theatre

Consultant responsibilities

The consultant in charge of patient has ultimate responsibility for ensuring that all members of surgical team are aware of any infectious hazards and any infection control

measure to be taken. In emergency situations or out of hours the operating surgeon will be responsible

Preparation Of Theatre/ Equipment

Clear rooms, from all non-essential equipments..

Strip the anesthetic machine of non-essential items.

Auto-clave or disposable breathing circuits should be used. Use disposable suction bottles and tubing

Instrument Decontamination

Please note that utmost care must be taken when handling used instruments. Instruments should not be pre-soaked in disinfectant before cleansing as this will not be fully effective in the presence of organic material and may give staff a false sense of security.

Auto clavable Instrument

Used instruments must be wrapped in original packaging and returned to HSDU where all sets and instruments are treated as contaminated. Plastic aprons and gloves must be worn when handling used equipment

Non- Auto clavable Instruments

Wear apron and domestic quality gloves. Wash instrument thoroughly, rinse and sterilize by immersion in appropriate disinfectant (according to manufacturer's recommendations).

Spillages:

Blood: Wear gloves. Spray 1% Sodium Hypochlorite solution over spillage. Wait for 2 minutes. Wipe clean using a disposable cloth. Rinse disinfected area thoroughly. Wipe dry.

Feces/ vomit: Wear gloves and clean with disposable cloth and 1% Hypochlorite solution. Repeat a second time. Rinse disinfected area thoroughly and wipe dry.

Urine: Put on plastic apron and gloves and mop up excess urine using paper towels. Clean area thoroughly using 1% Hypochlorite solution. Rinse disinfected area with a fresh cloth and wipe dry.

Disposal of Waste

All waste/disposal items must be placed into a yellow plastic bag for incineration. Bags must not be filled more than $\frac{3}{4}$ full. The top must be securely tied. The outside of the bag must not be contaminated with any blood.



Used disposable wound suction bottles must be properly capped then placed inside a yellow plastic bag and sent to CSSD for cleaning and decontamination.

Foot wear Decontamination

Boots/dogs must be removed on leaving the contaminated area since blood is readily disseminated unwittingly from foot wear. It is the responsibility of every individual to ensure that their own foot wear is cleaned/decontaminated after every case.

Decontaminated Procedure

Wear gloves and plastic apron. wipe outer surface of boots or dogs with disposable cloth soaked in 1% hypochlorite (10,000ppm) available chlorine, (use HAZtabs). Wipe off with disposable cloth soaked in water. Repeat. Allow to dry. Discard cloths, gloves and aprons.

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	INFECTION PREVENTION AND CONTROL	
	USE OF GLOVES	
Issue # 01	Document # SOP/IPD 001	Issue Date:

Purpose

1. The purpose of this procedure is to provide guidance for use of Gloves and ensure the usage of Gloves.
2. To cover hands and prevent transmission of infection.
3. To protect care givers from potentially hazardous materials.

Scope

This procedure is applicable to all clinical and housekeeping staff.

Responsibilities And Authorities:

1. Infection prevention and Control Committee
2. Clinical Staff
3. Housekeeping Staff



Procedure:

Gloves reduce the:

1. Possibilities for care givers to become infected with microorganisms that are infecting patients.
2. Likelihood for care givers to transmit their own endogenous microbial flora to patients.
3. Possibility for care givers to become transiently colonized with microorganisms that can be transmitted to other patients.
4. Inoculations by 50% in case of needle stick injury.

Principles:

1. Gloves should be worn when in contact with blood, and other potentially infectious materials, mucous membranes and non-intact skin.
2. Gloves should be worn for vascular access procedures.
3. Gloves should be worn when handling or touching contaminated items or surfaces.

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	INFECTION PREVENTION AND CONTROL	
	NEEDLE INJURY	
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Introduction

This Policy is for Prevention, Management and Reporting of Needle Stick injuries, Blood and Body Fluids/Mucosal Exposure. All healthcare workers potentially are at risk from exposure to blood and/or body fluids. Whilst it is accepted that not all blood or body fluids are potentially infective, it is recommended that Universal precautions be adopted whenever there is the potential for exposure to reduce the risk of transmission of blood borne viruses.

The policy defines duties, roles and responsibilities of hospital staff. Followed by prevention, reporting management and steps towards initial plan and concludes on post exposure strategies and follow steps.

Policy Scope

This policy applies to all staff employed or undertaking work for or on behalf of Rawal Hospital. It is primarily concerned with health care staff and students, but also applies to patients and visitors at risk who have received a needle stick injury or blood borne virus exposure.

Roles and Responsibilities

All employees have a responsibility to follow policies and procedures and ensure they are trained in the use of all devices, and use them safely to reduce the risk of injury to themselves, their patients, colleagues or members of the public.

Nursing manager must ensure safe systems of work are in place, staff have received training in the use of any sharps, and a safety device risk assessment has been undertaken.

Prevention Of Needle Stick/ Sharp Injuries

All staff who undertakes work which requires them to use sharps should

1. Always ensure that a sharp container is available to dispose of any sharp at the point of use or at the patient bedside. Never start a procedure without having a facility available to dispose of sharps.
2. Never allow sharps boxes to become more than two thirds full.
3. Never shake the sharps box contents down. Sharps can fly out of the box causing injury.
4. Always concentrate on the task in hand and do not allow yourself to be sidetracked.
5. Never leave a used needle or blade unattended. Always dispose of your equipment safely, before undertaking another task.

Reporting and Management of Needle Stick Injuries

1. The recipient of the Needle stick injury should contact Emergency Room immediately.
2. A Notification Form (type and details of injury, donor risk factors, patient info) should be carried out (using appendix A). The notification form should not be carried out by the individual who has sustained the injury.
3. Initial action plan after blood and body fluids/ mucosal exposure and/or needle stick injuries. Treat mucosal surfaces such as mouth or conjunctiva by rinsing with water or saline. Water used for rinsing the mouth must not be swallowed. Do not bleach on the injury.
4. Initial action plan after needle stick injury:

- a. Encourage local bleeding of accidental puncture wounds by gently squeezing
Do not suck the area.
- b. Wash the affected area with soap and warm water. Do not scrub the area.

Note the following immediately

1. Patient's name and MR #
2. Patient's status of:
 - a. Hepatitis B
 - b. Hepatitis C
 - c. HIV
3. Area in which the injury has occurred
4. Source of trash

NOTE: As soon as possible complete an incident report for msigned by departmental head/ designee. Send it immediately to the infection control office.

On weekdays, contact infection control officer.

On weekends and gazette holidays, contact the nursing supervisor.