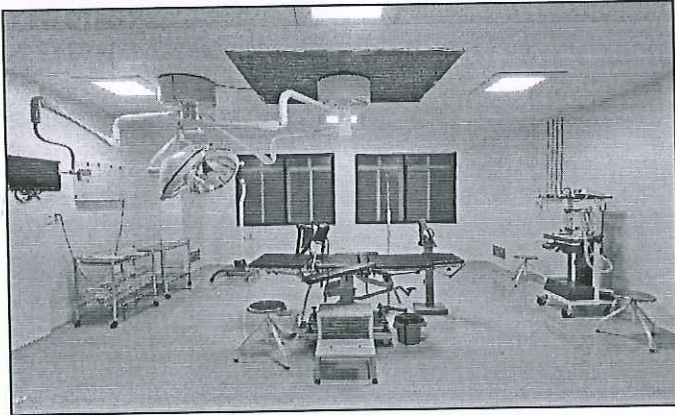
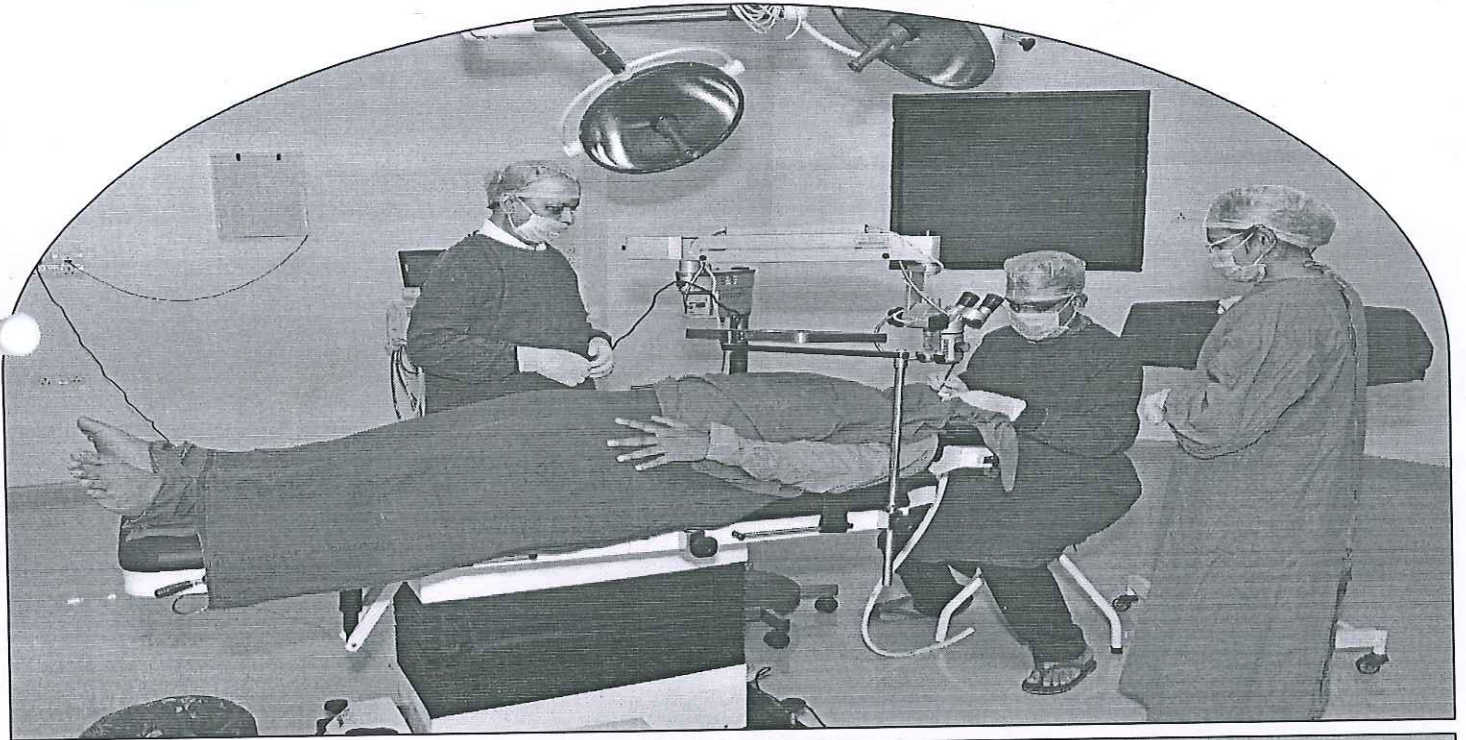


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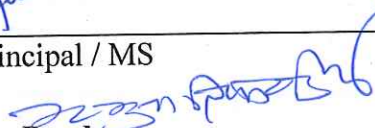

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PIMPRI, PUNE

## HOSPITAL INFECTION CONTROL (HIC)



# DPU

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Responsibility of Updating :	Designation : NABH Coordinator Name : Dr. Jayashree Patil Signature : 



## CONTROL OF THE MANUAL

The holder of the HIC of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable manner.

The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.

Infection Control Officer responsible for issuing the amended copies to the copyholders and the copyholder should acknowledge the same and he /she should return the obsolete copies to the Infection Control Nurse.

The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.

The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

### The authority over control of this manual is as follows:

Preparation	Approval	Issue
Infection Control Officer	Principal ,Dr. D. Y. Patil College of Ayurved, Hospital and Research Centre, Pimpri, Pune - 18	Accreditation coordinator

The procedure manual with original signatures of the above on the title page is considered as 'Master copy, and the photocopies of the master copy for the distribution are considered as 'Controlled copy.

### Distribution List of the Manual:

Sr. No.	Designation
1	Principal / MS
2	ICO
3	DMS
4	Infection Control Nurse
5	Accreditation Coordinator

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## **1.0 ORGANIZATION OF INFECTION CONTROL**

Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre recognizes the control of healthcare associated infections (HAI) as an important issue and is committed to fulfilling its responsibility by ensuring that proper safeguards are instituted to identify and prevent HAI. All aspects of hospital function are included in this activity.

### **Definition of Healthcare associated infection**

"Any clinically recognizable microbiological disease that affects the patient as a consequence as being admitted to hospital, or attending for treatment, or the hospital staff as a consequence of their work, whether or not the symptoms of a disease appear while the infected person is in the hospital.

### **Purpose**

- To maintain standards in infection control measures and minimize hospital acquired infections in patients and employees.
- To define policy and procedure regarding healthcare associated infections in the hospital

**HIC.1: THE ORGANIZATION HAS A WELL-DESIGNED, COMPREHENSIVE AND COORDINATED HOSPITAL INFECTION PREVENTION AND CONTROL PROGRAM AIMED AT REDUCING/ ELIMINATING RISKS TO PATIENTS, VISITORS AND PROVIDERS OF CARE**

- a) Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre has documented infection prevention and control program which aims at preventing and reducing risk of health care associated infections.
- b) The infection prevention and control program is a continuous process and updated in every year.

Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre has an Infection Control Committee which coordinates all infection prevention control activities.

**Hospital Infection Control Committee members:**

<b>HICC Head</b>	Dr. Smritika Taware	<b>DMS</b>	Dr. Swati Jadhav
<b>Senior Consultant</b>	Dr. Sanjay Babar	<b>RMO</b>	Dr. Rajendra Chavan
<b>Lab Incharge</b>	Dr. Sachin Rohani	<b>Infection Control Nurse</b>	Mrs. Ujjwala Lokare
		<b>House Keeping Supervisor</b>	Mr. Rupendra Thakur

**Aims of the HICC:**

The aim of HICC is to improve hospital infection control practices and to prevent or minimize the potential for nosocomial infections in patients, relatives, and health care providers.

**Activities of IC Team**

1. The hospital has an infection control team, which coordinates implementation of all infection prevention and control activities. The team is responsible for day-to-day functioning of infection control program.
2. Periodical training of all category staff about Infection Control Protocols and Policies.
3. Establish standard operational procedures for Infection Control practices.
4. Introduce new policies and protocols on the method of disinfection and sterilization.
5. Maintain and implement biomedical waste management protocols.
6. Regular monitoring of Engineering department and water supply system.
7. Supervision of biomedical waste management activities.



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**Dr. Smritika Taware**, Asso.Professor, Streerog & Prasutitantra is designated as **Infection Control Officer (ICO)** and **Mrs. Ujjawala Lokare** as **Infection Control Nurse (ICN)** ) in Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre .

### Responsibility of IC Nurse

1. Maintaining records regarding IC activities and maintains HAI incidents record.
2. Checking by inspection that Infection Control and prescribed disinfectant procedures are being carried out in accordance with hospital policy.
3. Checking of housekeeping activities like the use of Personal Protective Equipments usage of proper disinfectant, mopping plan, and biomedical waste management.
4. Training of all category staff.
5. Notification of communicable diseases and other Notifiable disease through telephone.
6. Arrangements taken to provide hand washing solutions and alcohol based hand rubs.
7. Work as a clinical supervisor by ensuring all the established policies and protocols are practiced like hand washing procedures, use of hand rubs, isolation policies, care of IV and vascular access, urinary catheters, universal precautions, housekeeping, cleaning and disinfection, PPE, equipment cleaning, etc.
8. Ensure health checkup of all employees.
9. Monitoring engineering activities like maintenance of cleaning register of Water tanks etc.



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**HIC.2: THE ORGANIZATION IMPLEMENTS POLICIES AND PROCEDURES LAID DOWN IN THE INFECTION CONTROL MANUAL**

Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre identified various high risk areas and procedures, and has policies to prevent infection in these areas.

High risk areas of the hospital are identified as

1. Operation Theatres
2. Labour Room
3. CSSD
4. Panchkarma procedure Rooms
3. Casualty
4. Recovery Room
5. Kriyakalpa Room
6. Dressing Room & Injection Room
7. Ksharsutra Room

**Concept of Standard Precautions:**

There are a number of precautions designed to protect health care workers from exposure to blood borne pathogens. While majority of patients infected with HIV/HBsAg are asymptomatic at the time of presentation, all patients are considered as having potentially infectious blood and body fluids. Precautions may vary based on anticipated exposure.

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**Features of universal precautions:**

**1. Use of Personal Protective Equipments**

- a) Mask-Protection from air borne infections or situation which lead any splash or sprays of blood and body fluid.
- b) Glove -Use glove when we are touching the hand with blood and body fluids, secretions any wound, or any other contaminated items.
- c) Apron-Any Chances of splash or contamination on soiling.
- d) Goggles -During positive cases (OT &LR).
- e) Boots-If necessary.
- f) Caps are worn whenever indicated.

**2. 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:**

1. Needles should not be recapped, bent or broken by hand.
2. Disposable needles & other sharps should be discarded into puncture resistant containers at the site of procedure
3. 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.
4. All sharps containers to be discarded when 3/4ths full.

**Hand Washing**

Hand washing means vigorous rubbing of hand with soap and water or with any antiseptic agents

**Types**

1. Social hand wash
2. Procedure hand wash
3. Surgical hand wash



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### Purpose

1. To remove dirt and debris
2. To decontaminate the hands
3. To prevent cross infection
4. To break the chain of infection

Most common mode of transmission of pathogens is via **HANDS**

**“Hand washing is the single most important means of preventing the spread of infection”**

### **When?**

- Before and after duty
- Before each invasive procedures.
- Before and after using gloves
- After touching of blood or body fluid
- Before and after touching patients
- Before touching invasive devices
- After toileting, urination

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### **Indications for Hand Hygiene**

- When hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.

### **Specific Indications for Hand Hygiene**

#### **Before:**

- a) Patient contact
- b) Inserting urinary catheters, peripheral vascular catheters, or other invasive devices that don't require surgery

#### **After:**

- a) Contact with a patient's skin
- b) Contact with body fluids or excretions, non-intact skin, wound dressings
- c) Removing gloves

### **1. Social hand washing (10 -15 sec)**

#### **Indications**

1. Before handling food
2. After visiting toilet
3. Before and after nursing the patient (Bathing and bed making)
4. It can be used in community and public places

## **2. Procedure hand washing or hygienic hand washing (30sec -1mt)**

### **Indications**

1. Before each invasive procedures
2. Before attending Immuno compromised patients
3. Before and between caring for high risk patients
4. Before and after use of gloves
5. After touching of blood or body fluid

### **Methods of Hand Washing**

1. Wet hands with running water.
2. Obtain soap or detergent that contains antimicrobial agents spread all area of the hands.
3. Vigorous rubbing of hands (all area) about 30 sec to 1 min.
4. Wash hands thoroughly with running water.
5. Rinse and dry.
6. Turn off water with using paper towel or use elbow to close the tap handle.

### **Steps of Procedure Hand Washing**



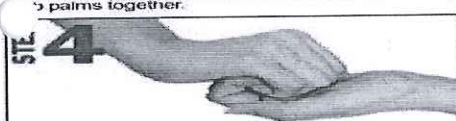
Wet hands with running water.



Rub the back of both hands.



Interlace fingers and rub hands together.



Interlock fingers and rub the back of fingers of both hands.



Rub thumb in a rotating manner followed by the area between index finger and thumb for both hands.



Rub fingertips on palm for both hands.



Rub both wrists in a rotating manner. Rinse and dry thoroughly.

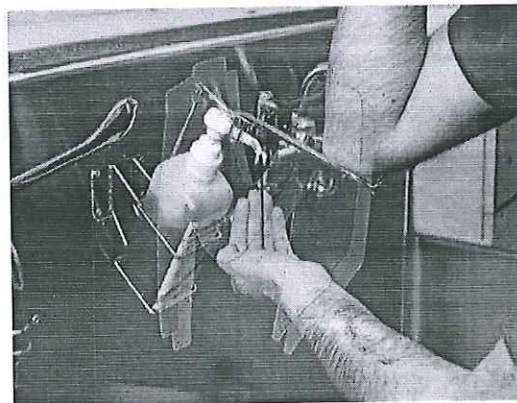
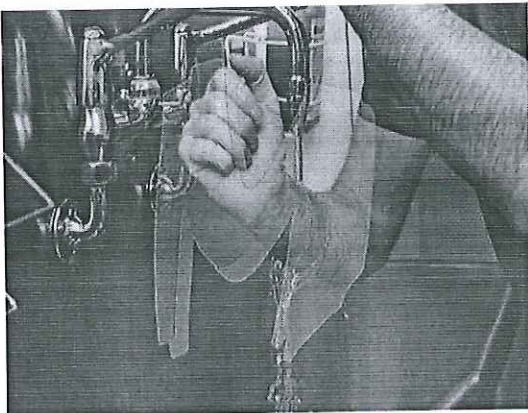
1. Palm to Palm
2. Right palm over left dorsum and left over right dorsum.
3. Palm to palm finger interlocked.
4. Back of finger to opposing palms with finger interlocked.
5. Rotational rubbing of right thumb clasped in left palm and vice versa
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
7. Rotational rubbing of right wrist and vice versa. Dry thoroughly.

### **3. Surgical Hand Wash (3-5mts)**

1. Prior to all operative procedures
2. Prior to treatment of all burns cases
3. Before insertion of all invasive devices (cardiac catheterization, Insertion of all lines especially arterial and central venous Catheterization).

#### **Method**

1. Hands are washed up to the elbow freely using disinfectant
2. Scrubbing of fingers, space between fingers and nails ,brush used to scrub the nails
3. wash hands thoroughly with running water .after wash the tap should be closed with elbow
4. Keep the hand finger upright position.
5. Dry the hand with sterile towel



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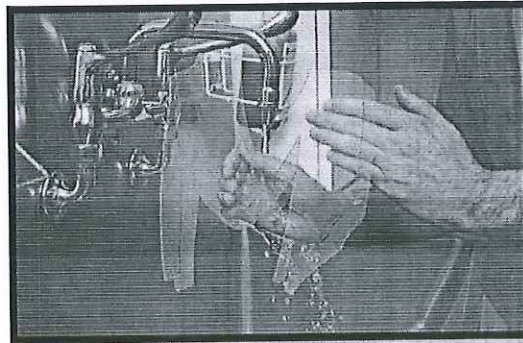
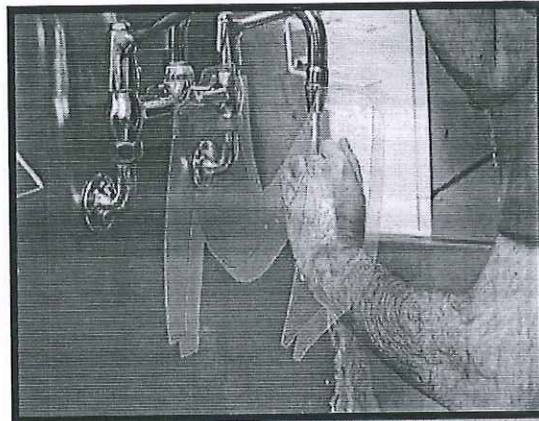
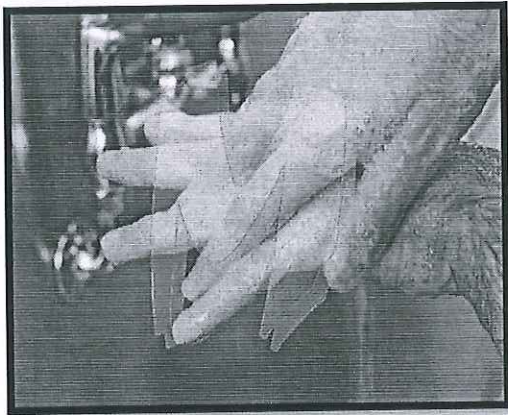
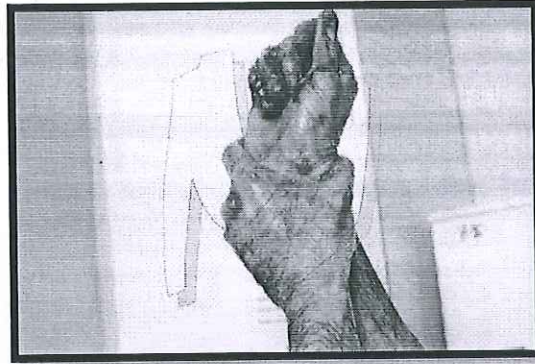
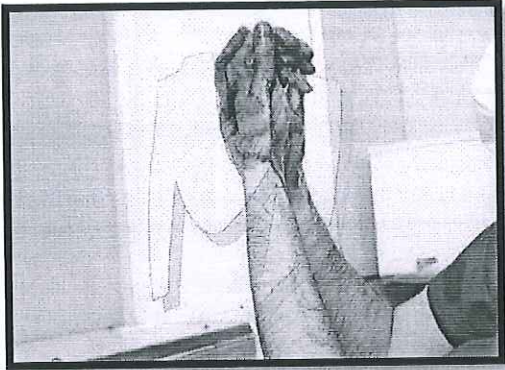
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### Hand Rub

In Chlorhexidine /alcohol 70% hand rub in all areas

#### When?

- i. Before touching invasive devices
- ii. After touching the patient
- iii. Before handling the patient
- iv. Before preparing any injections

### Safe Injection and Infusion Practices

A safe injection, lancet procedure or intravenous device insertion is one that:

- A. Does not harm the recipient
- B. Does not expose the provider to any avoidable risk
- C. Does not result in any waste that is dangerous for other people.

#### Purpose:

The purpose of SAFE I is to promote implementation of safe practices associated with the following medical procedures:

- Intradermal, subcutaneous and intramuscular needle injections
- Intravenous infusions and injections
- Lancet procedures.



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### General safety practices

This section describes the following practices that are recommended to ensure the safety of injections and related practices:

- Hand hygiene
- Gloves where appropriate
- Other single-use personal protective equipment
- Skin preparation and disinfection

#### **A. Hand hygiene- Perform hand hygiene BEFORE:**

- Starting an injection session (i.e. preparing injection and giving injections)
- Coming into direct contact with patients for health-care related procedures
- Putting on gloves (first make sure hands are dry).

#### **B. Hand hygiene- Perform hand hygiene AFTER:**

- An injection session
  - Any direct contact with patients
- Removing gloves.

<b>Key Elements</b>	<b>Indications</b>	<b>Precautions</b>
Hand hygiene (hand washing or alcohol-based hand rub)	<p>1. Hand hygiene before and after contact with every patient is the single most important means of preventing the spread of infection</p> <p>2. When hands are visibly dirty or contaminated with proteinaceous material, wash them with antibacterial or plain soap and running water, then dry them using single-use paper towels</p> <p>3. When hands appear clean (i.e. are Not visibly soiled), clean them with an alcohol-based hand product for routine decontamination, then dry them using single-use paper towels</p>	<p>1. DO NOT use alcohol-based hand products when hands are visibly soiled</p> <p>2. DO NOT use alcohol-based hand products when hands are visibly soiled</p> <p>3. DO NOT use alcohol-based hand products after exposure of non intact skin to blood or body fluids; in such cases, wash hands with antibacterial or plain soap and running water, then dry them using single-use paper towels</p>



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**B. Staff at Dr. D.Y.Patil Ayurved Hospital & Research Centre, Pimpri, Pune who are in direct contact with patients, wear non-sterile, well-fitting latex or latex-free gloves when coming into contact with blood or blood product. Indications for glove use in injection practice are**

Key Elements	Indications	Precautions
Glove use	<ol style="list-style-type: none"><li>1. Wear non-sterile, well-fitting, single-use gloves:</li><li>2. When there is a likelihood of coming into direct contact with a patient's blood or other potentially infectious materials (e.g. body fluids, moist body substances and saliva [in dental procedures]), mucous membranes and nonintact skin</li><li>3. If the health worker's skin is NOT intact (e.g. through eczema, or cracked or dry skin)</li></ol>	<ol style="list-style-type: none"><li>1. When undertaking injections, <b>DO NOT</b> use gloves.</li><li>2. For routine intradermal, Subcutaneous and intramuscular injections<ul style="list-style-type: none"><li>• If the health worker's skin is intact</li><li>• If the patient's skin is intact.</li></ul></li><li>3. Gloves <b>DO NOT</b> provide Protection against needle-stick or other puncture wounds caused by sharp objects.</li><li>4. Needles, scalpels and other sharps should be handled with extreme caution.</li></ol>



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#### **D. Other Single-Use Personal Protective Equipment**

- Masks, eye protection and other protective clothing ARE NOT indicated for the injection procedures unless exposure to blood splashes is expected.
- When using single-use personal protective equipment, dispose of the equipment immediately after use.

#### **E. Skin Preparation And Disinfection**

To disinfect the skin, use the following steps

1. Apply a 60-70% alcohol-based solution on a single-use swab or cotton-wool ball. DO NOT use methanol or methyl-alcohol as these are not safe for human use.
2. Wipe the area from the centre of the injection site working outwards, without going over the same area.
3. Apply the solution for 30 seconds then allow it to dry completely.

#### **F. Injection Devices**

The management of Dr. D. Y. Patil Ayurved Hospital & Research Centre is ensure that an adequate supply of single-use devices is available, to allow providers to use a new device for each procedure.

#### **G. Practical Guidance On Use Of Injection Devices**

When using a sterile single-use device

- a) Use a new device for each procedure, including for the reconstitution of a unit of medication or vaccine;
- b) Inspect the packaging of the device to ensure that the protective barrier has not been reached;
- c) Discard the device if the package has been punctured, torn or damaged by exposure to moisture, or if the expiry date has passed.

#### **H. Medication**

I. When giving medication:

- a) NOT use a single loaded syringe to administer medication to several patients (i.e.ensure one needle, one syringe, one patient!)



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

**Single-dose vials** - Whenever possible, use a single-dose vial for each patient, to reduce cross-contamination between patients.

**Multi dose vials** - Only use multi dose vials if there is no alternative.

- i. Open only one vial of a particular medication at a time in each patient-care area.
- ii. If possible, keep one multi dose vial for each patient, and store it with the patient's name on the vial in a separate treatment or medication room.
- iii. DO NOT store multi dose vials in the open ward, where they could be contaminated with spray or spatter.

**Discard a multi dose vial:**

- I. If sterility of content is compromised
- II. If the expiry date or time has passed (even if the vial contains antimicrobial preservatives)
- III. If it has not been properly stored after opening
- IV. within 24 hours of opening, or after the time recommended by the manufacturer, if the vial does not contain antimicrobial preservatives
- V. If found to be undated, improperly stored, inadvertently contaminated or perceived to be contaminated, regardless of expiry date.

**Preparing injections**

Injections should be prepared in a designated clean area where contamination by blood and body fluids is unlikely.

**Practical guidance on preparing injections**

Three steps must be followed when preparing injections.

- Keep the injection preparation area free of clutter so all surfaces can be easily cleaned.
- Before starting the injection session, and whenever there is contamination with blood or body fluids,

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clean the preparation surfaces with 60- 70% alcohol (isopropyl alcohol or ethanol) and allow to dry

Assemble all equipment needed for the injection

- Sterile single-use needles and syringes;
- Reconstitution solution such as sterile water or specific diluent
- Alcohol swab or cotton wool;
- Sharps container.

### **Labelling**

After reconstitution of a multi dose vial, label the final medication container with

- Date and time of preparation
- Final concentration
- Expiry date and time after reconstitution

For multi dose medications that DO NOT requires reconstitution, add a label with:

- Date and time of first piercing the vial

### **Administering Injections**

An aseptic technique should be followed for all injections.

### **Practical guidance on administering injections**

#### **General**

When administering an injection:

- Check the drug chart or prescription for the medication and the corresponding patient's name and dosage
- Perform hand hygiene
- Wipe the top of the vial with 60-70% alcohol using a swab or cotton-wool ball
- Open the package in front of the patient to reassure them that the syringe and needle have not been used previously
- Using a sterile syringe and needle, withdraw the medication from the ampule or vial.



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### **Reconstitution**

• If reconstitution using a sterile syringe and needle is necessary, withdraw the reconstitution solution from the ampule or vial, insert the needle into the rubber septum in the single or multi dose vial and inject the necessary amount of reconstitution fluid.

- Mix the contents of the vial thoroughly until all visible particles have dissolved.
- After reconstituting the contents of a multi dose vial, remove the needle and syringe and discard them immediately as a single unit into a sharps container.

### **Delay in administration**

- If the dose cannot be administered immediately for any reason, cover the needle with the cap.
- Store the device safely in a dry kidney dish or similar container.

### **Important points**

- 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 diaphragm after disinfection with the 60-70% alcohol (isopropyl alcohol or ethanol).
- DO NOT enter several multi dose vials with the same needle and syringe.
- DO NOT re-enter a vial with a needle or syringe used on a patient if that vial will be used to Withdraw medication again (whether it is for the same patient or for another patient)

### **Prevention of sharps injuries to health workers**

Use of best practices can help to prevent sharps injuries to health workers

### **Practical guidance on prevention of sharps injuries**

To avoid sharps injuries:

1. Ensure that the patient is adequately prepared for the procedure
2. Do not bend, break, manipulate or manually remove needles before disposal
3. Avoid recapping needles, but if a needle must be recapped, use a single-handed scoop technique
4. Discard used sharps and glass ampules immediately after use in the location where they were used, disposing them into a robust sharps container that is leak and puncture resistant
5. Place the sharps container within arm's reach AND proper use of needle cutter is ensured.

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### **Define Infection**

Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre adheres to transmission based precautions at all times. Infection is the invasion and multiplication of microorganisms. Hospital infection control is important for patients, health care workers and public .The Infection control Team plays a major role in the prevention and control of nosocomial infections.

### **Precautions Against Airborne Transmission**

These precautions are designed to reduce the risk of airborne and droplet transmission of infectious agents, and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by these routes.

### **Precautions Against Contact Transmission:**

Contact isolation precautions are recommended for specified patients known or suspected to be infected or colonized with epidemiologically important 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



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contaminated environmental surfaces or patient care items.

#### Components:

- 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.
- When possible, dedicate the use of non-critical patient - care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.

#### Precautions Against Blood Borne Transmission:

##### Instruction for wards

**Admission:** Patients with HIV / HBV disease but presenting with unrelated illnesses may be admitted in any ward as per existing rules. Confidentiality is maintained with appropriate precautions to prevent nosocomial transmission.

**Preparation of patient:** It is the responsibility of the attending physician to ensure that patients, testing positive are informed about the result and receive counseling.

The nursing staff will explain to patients, attendants and visitors (when necessary), the purpose and methods of hand washing, body substance and excreta precautions, and other relevant precautions.





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## Cleaning Protocols

### 1. Mopping plan - clean to unclean area

2. Mopping plan means cleaning done from clean area to unclean area.
3. It gives special information to cleaning staff about priority of cleaning.

The order of cleaning is

- a) General
- b) Infected

### 2. Environment:-

- Clean the floors with a disinfectant thrice a day.
- Clean with soap solution first and then with Phenyl Special Solution 3 times a day
- Wash the floors with soap & water and disinfecting solution using scrubbing machine once in a week.

Do not carry out any cleaning activities while

1. Sterile supplies are being handled.
2. Sterile procedures are in progress.
  - a. Use 1 % Sodium Hypochlorite solution to clean environment surfaces if contamination with blood and body fluids occur.
  - b. Use 1 % Sodium Hypochlorite solution for 30 min for disinfecting mops used for cleaning blood.



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### 3. High Risk Areas:-

- a. Floors are cleaned with prescribed disinfectant three times a day .
- b. All equipment including monitor are cleaned with prescribed disinfectant spray.
- c. Some plastic items like ambu bag, O<sub>2</sub> mask, Nebulization set are sterilized by formalin gas ( generally ETO sterilization recommended - implement the same)
- d. Keep a disinfectant hand rub solution in each ward.
- e. Keep separate stethoscope, BP always ready to use with a standby.
- f. Damp dust bed frames, railings, I/V stands, lockers etc daily with prescribed disinfectant.
- g. Floor cleaning done three times in a day with prescribed disinfectant.
- i. Use disposable plastic sheets / Mackintosh to protect the bed linen.
- j. Disinfect the patient's unit with prescribed disinfectant solution after the transfer / discharge / death.
- m. Check the expiry date of CSSD items .

### 4. Wards:-

- a. Damp dust the bed frames, railings, I/V stands, lockers etc. daily with prescribed disinfectant.( Name the disinfectant)
- b. Floor cleaning done three times a day from clean area to unclean area
- c. Cover the mattresses and pillows with water proof cover.
- d. Use disposable plastic sheets or mackintosh to protect the bed linen.
- e. Disinfect the unit with prescribed disinfectant after the discharge/ death of a patient.

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01 - 08****Issue No.****01****Rev. No.****00****Date****01/04/2017****Page****27****Fogging (Fumigation)****ALL Operation theatres are fumigated.**

- action time 30 to 45 minutes.
- Mode of use: 11.2 gms, 1.6 Dihydroxy + 2.5 Dioxahexane + 5 gms Glutoraldehyde in water (920 ml water and 80 ml of Bacillocid are special solution)
- OT should be kept closed for two hours.

**Disinfection and cleaning of equipments**

S.NO.	Items	Disinfection/Cleaning
1	B.P Apparatus & Stethoscope	Clean properly with sprit
2	B.P Apparatus-Cuff	Wash thoroughly with Soap and water and dry it properly Wash and dry the B.P cuff if used for an infected patient after the discharge.
3	Digital Thermometer	Clean properly with Spirit
4	Glucometer	Clean properly with spirit
5	Dressing Trolley	Clean with Bacillocid special solution Keep the Store solutions in their original bottles. Avoid refilling to smaller bottles.
6	Steel Tray	Wash with soap and water
7	Measuring Tape & Torch	Clean properly with spirit



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8	Nebulizer	Clean properly with spirit
9	O2 Flow Meter.	Wash with soap and water
10	Suction Apparatus	Empty the bottles in every week or SOS. Scrub with soap and water. Disinfect with 1% Sodium Hypochlorite solution.
11	Infusion Pumps and Monitors	Clean with Bacillocid solution
12	Refrigerator	Defrost and Wash with soap and water
13	Laryngoscope Blades	Detach the blades ,wash with soap and water, Clean with spirit
14	Weighing Machine	Clean with soap and water
15	Electronic Weighing Machine	Clean with Super shine
16	Telephone	Clean with sprit

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17	Patient Trolley & Wheel Chairs	Clean with soap & water
18	Steam Inhaler	Wash with soap and water
19	IV Stand	Clean with soap and water
20	Defibrillator and Monitor.	60% to 70% alcohol
21	Pulse Oxymeter	Clean with sprit
22	Airway	Use disposable airways for each patient. Scrub with soap and water daily and SOS Discard after discharge/death of the patient.
23	E.T. Tubes	Use disposable E.T..
24	Oxygen mask / Nasal Cannula	Use fresh mask Clean with alcohol SOS. Don't reuse nasal cannula
25	Ambu Bag & Mask:-	Detach the parts. Wash with soap and water. Disinfect the Ambu bag with Hypochloride 1% solution for 10 hrs for infectious cases and send to CSSD.
26	Proctoscope	Clean with spirit. Clean with soap and water. Send to the CSSD for sterilization.



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27	E.C.G. & Transducer Cables	ECG leads & suckers are cleaned with soap & water Cables are cleaned with Spirit.
28	Bedpan, Measuring jar, Commode	Clean properly with soap and water. Immerse in 1% antiseptic solution for 45 mts.
29	Urinal and Sputum Mug	Clean properly with soap and water. Immerse in 1% antiseptic solution for 45 mts.

**Laundry And Linen Management** :All used linen shall be considered contaminated and shall be bagged at the location of use before being taken to laundry.

**A. Soiled linen:**

- Soiled linen is collected in the designated container and dipped in sodium hypochlorite solution and taken to laundry
- Designated container is covered during transport of soiled linen.  
Cloth liners /containers are washed daily
- Dirty utility room is swept daily and washed /Mopped with a detergent/Disinfectant weekly and whenever visibly soiled
- Soiled linen is handled as little as possible and with minimum agitation, in order to prevent gross microbial contamination of the air and of persons handling the linen
- All soiled linen is bagged at the location of use. Soiled linen is not sorted in-patient care areas.
- Bags containing soiled linen is tied before being taken to laundry in order prevent spillage
- All linen that is contaminated with blood, excreta or other body fluids is placed in designated laundry bags

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Personnel wear protective clothing, including gloves and gowns/aprons

- When handling soiled linen. Employees collecting linen at the laundry are also wear heavy-duty gloves and a gown.
- Hands are washed after gloves are removed.
- Staff is instructed in the principles of personal hygiene, including frequent hand washing

**B. Clean linen:**

- Hand washing for 10-15 seconds, with attention to nails and areas fingers is mandatory before handling clean linen.
- Clean is not handled more than necessary in order to minimize contamination
- Any linen dropped is considered soiled
- Covered linen carts is used to transport clean linen to the units.
- Clean linen is stored in a clean, dry area.

**C. Patient linen**

- Bed linen is to be changed daily and whenever soiled with blood or body fluids.
- Patient's gown is to be changed every day and whenever soiled with blood or body fluids. Dry dirty linen is to be sent to the laundry for regular wash.

**Engineering Controls to Prevent Infection:**

Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre adopts appropriate engineering control to prevent infections.

1. The hospital patient care areas are designed in such a manner to ensure optimum bed spacing.
2. Periodical checking of water resources
3. Periodical checking and maintenance of equipments, AC ducts, replacement of filters.
4. Periodical checking, replacement/ repair of plumbing and sewer lines.
5. Machinery and equipment should be checked, cleaned and repaired routinely
6. Urgent repairs should be carried out at the end of the day's list.
7. Air conditioners and suction points should be checked, cleaned and repaired on a weekly basis.
8. Preventive maintenance on all theatre equipment to be carried out weekly and major work to be done at least once every year.



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**House Keeping In** Dr. D.Y.Patil Ayurved Hospital & Research Centre is taken care of by BVG Indian Ltd. Chemicals used for house keeping are as follows :-

PRODUCT CODE	DESCRIPTION	DILUTION
Taski -R- 1	An alkaline cleaner cleans everything in the bathroom & is perfumed sanitizer	20 to 30 ml / 1 liter water
Taski -R -2	An alkaline cleaner made for hard surfaces general purpose chemical use in , toilets , furnitures	20 to 30 ml / 1 liter water
Taski -R- 3	A natural solvent glass cleaner	20 to 30 ml / 1 liter water
Taski -R- 4	Silicon based high gloss for furniture	Ready to Use
Taski -R -5	Water based air freshener	Ready to Use
Taski -R- 6	An acidic hard cleaner made to remove hard stains from toilet bowls/ commode	Ready to Use
Taski -R- 7	An natural solvent made to clean hard floors	20 to 40 ml / 1 liter water
Taski -R- 9	An alkaline cleaner made for scaling / descaling	30 to 60 ml / 1 liter water
Suma inox D7	Silicon based high gloss for steel	Ready to Use
Phenyl	A chemical made to kill for floor germs	50 ml / 1 liter water
Liquid soap	A Multi Purpose user	30 ml / 1 liter water
Liquid hand wash	A perfumed chemical made for hand washing	Ready to Use

#### **I. a. House Keeping in Panchakarma procedure Rooms & Wards**

A patient admitted to the hospital can develop infection due to bacteria that survive in the environment. Therefore, it is important to clean the environment thoroughly on a regular basis. This will reduce the bacterial load and make the environment unsuitable for growth of micro-organisms.

1. The floor is to be cleaned at least twice in 24 hours. Detergent and copious amounts of water should be used during one cleaning.
2. The walls are to be washed with a brush, using detergent and water once a week
3. High dusting is to be done with a wet mop
4. Fans and lights are cleaned with soap and water once a month.
5. All work surfaces are to be disinfected by wiping with suitable disinfectant ( Bacilloid –Benzalkonium Chlorite ) then cleaned with detergent and water twice a day.





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6. Cupboards, shelves, beds, lockers, IV stands, stools and other fixtures are to be cleaned with detergent and water once a week.
7. Curtains are to be changed once a month or whenever soiled. These curtains are to be sent for regular laundering.
8. Patient's cot is to be cleaned every week with detergent and water. Savlon to be used when soiled with blood or body fluids. In the isolation ward, cleaning is done daily.
9. Store rooms are to be mopped once a day and high dusted once a week.
10. The floor of bathrooms is to be cleaned with a broom and detergent once a day and then disinfected.
11. Toilets are cleaned with a brush using a detergent twice a day (in the morning and evening). Disinfection and stain removal solution may be used.
12. Wash basins are to be cleaned every morning
13. Regular AC maintenance is required. The AC section should draw up a protocol for this.

#### **Miscellaneous items**

Kidney trays, basins, bed pans, urinals, etc to be cleaned with detergent and water and disinfected with 1% hypochlorite .

#### **b. House Keeping In the Operation Theatre**

Theatre complex should be absolutely clean at all items. Dust should not accumulate at any region in the theatre.

Soap 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 1st case**

Wipe all equipment, furniture, room lights, suction points, OT table, surgical light reflectors, other light fittings, slabs etc with soap solution. This should be completed at least one hour before the start of surgery.

#### **a. Linen & gloves**

Gather all soiled linen and towels in the receptacles provided. Take them to the service corridor (behind the theatre) and place them in trolleys to be taken for sorting. The dirty linen is then sent to the laundry. Use gloves while handling dirty linen.



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#### b. Instruments

Used instruments are cleaned immediately by the scrub nurse and the attender. Reusable sharps are decontaminated in Lysol / hypochloride and then washed in the room adjacent to the respective OT by scrubbing with a brush, liquid soap and vim. They are then sent for sterilization in the CSSD. After septic cases the instruments are sent in the instrument for autoclaving. Once disinfected, they are taken back to the same instrument cleaning area for a manual wash described earlier. They are then packed and re-autoclaved before use.

#### c. Environment

Wipe used equipment, furniture or table etc., with **detergent and water**.

Empty and clean suction bottles and tubing with disinfectant.(Savlon)

#### d. 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 disinfectant .
- Wash floor and wet mop with liquid soap and then remove water and wet mop with Super Shine solution.
- Clean the storage shelves, scrub & clean room.
- **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 or Bacillocid 2% solution
- Stainless steel surfaces - clean with detergent, rinse & clean with warm water.
- Replace portable equipment: Clean wheel castors by rolling across toweling saturated with detergent.
- Wash (clean) and dry all furniture and equipment (OT table, suction holders, foot & sitting stools, Mayo stands, 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)
- After washing floors, allow disinfectant solution to remain on the floor for 5 minutes to ensure destruction of bacteria

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01 – 08****Issue No.****01****Rev. No.****00****Date****01/04/2017****Page****35****II. Protocol for body fluid splash & spillages****Blood and body fluid spillage**

- Prepare 1% hypochlorite solution (200 ml 5% hypo chloride in 800 ml of water)

- Wear gloves pour 1% hypochlorite on the spillage

- Cover it with a piece of paper or cloth

**Keep it there for 10 - 20 minutes**

- Wipe the spillage using the covered paper or cloth

- After wiping discard the same in the yellow cover

- If it is a large spillage, after covering the spillage with paper or cloth

- Mop it with Separate mop (mop should be dipped in 1 % hypochlorite for 30 minutes)



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**HIC.3: THE ORGANIZATION PERFORMS SURVEILLANCE ACTIVITIES TO CAPTURE AND MONITOR INFECTION PREVENTION AND CONTROL DATA.**

**Methods of Surveillance**

Fumigation and Random Culture from High Risk Areas

HICC decided that culture swab to be taken from critical areas once in two months or when an infection is suspected. Take the swabs according to the table shown below. The request of sample to be approved by the Infection Control Nurse. The original copy of the culture report to be filed in the infection control department and a copy of the report to be filed in the concerned department as well.

**Surveillance Culture Schedule**

S.NO	Department	Duration	Period for surveillance culture	Period for Fumigation	Weekly cleaning
1	ALL OT	WEEKLY	Monthly twice (Monday)	Every Saturdays, day before any major surgeries	Every Saturday & SOS
2	Casualty Panchakarma Procedure room			Every 3rd month	Every Saturday
3	CSSD		Monthly	Weekly	
4	Labour room		Every month & SOS	Every month & SOS	



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The collection of surveillance data is an ongoing process in D.Y.Patil Ayurved Hospital & Research Centre  
The infection control team verifies the data on a regular basis.

The surveillance activities in Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre also incorporates tracking and analyzing of infection risks, rates and trends

**Monitoring activities includes**

- The surveillance activity include monitoring of compliance with hand hygiene guidelines
- Surveillance activities in Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre also include monitoring of effectiveness of house keeping service on a regular basis using a checklist.
- Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre identifies all Notifiable diseases and ensures that this is sent at the specified frequency and in format as required by statutory authorities.
  1. Acute Dysentery - Amoebic / Bacillary
  2. Hepatitis-viral
  3. Malaria
  4. Measles
  5. Dengue
  6. Chickenpox
  7. Chikungunya
  8. H1N1(Swine flu )



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#### HIC.4: THE ORGANIZATION TAKES ACTIONS TO PREVENT OR CONTROL THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS (HAI) IN PATIENTS .

There are predominately three types of hospital acquired infections. They can be recorded on the basis of clinical and /microbiological data

##### Urinary Tract Infections

The urinary tract infections may be symptomatic [fever, dysuria, lumbar pain] or asymptomatic. Their recordings depend partly on the microbiological tests performed.

##### Respiratory Tract Infections

Analyzing the respiratory tract infections through the following;

- Fever
- X ray findings
- Neutropenia

##### Post-Operative Infections

Any surgical wound which results in a purulent discharge must be regarded as a hospital acquired infections whether the bacteria are of endogenous or exogenous origin is not taken in to the account.

#### A. The organization takes action to prevent Urinary tract infections.

##### 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 medication is indicated.



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### Hand wash:

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

### Catheter Insertion

- Catheters should be inserted using aseptic technique and sterile equipment. Use an appropriate antiseptic solution 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.

### B. Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre has taken action to prevent intra vascular device infection.

#### **I. Hand washing**

Wash hands before every attempted intravascular cannula insertion. Antimicrobial hand washing soaps are desirable, and are preferred before attempted insertions of intravenous catheters.

#### **II. Preparation of skin**

Povidine-iodine 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.

#### **III. 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.



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## VII. 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 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.

### Replacement of Peripheral IV Catheters:

Peripheral IV catheters should be removed 72 hours after insertion, provided no IV-related complications requiring catheter removal are encountered earlier.

A new peripheral IV catheter, if required, may be inserted at a new site.

### Catheter related Infection:

At the time of catheter removal, the site is examined for the presence of swelling, erythema, increased tenderness and palpable venous thrombosis. Any antimicrobial ointment or blood present on the skin around the catheter is first removed with alcohol. The catheter is withdrawn properly, the externalized portion being kept directed upward and away from the skin surface.

Three way with extension is used only when multiple simultaneous infusions are required.





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### **C. The Hospital takes action to prevent surgical site infections.**

#### **Surgical wounds**

- Surgical wounds after an elective surgery are inspected on the third post-operative day, or earlier.
- 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 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.
- If any Surgical site infection occur
- Special studies will be conducted as needed. These may include
- The investigation of infectious material is sent for culture.
- Injection abscess.

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**HIC.5: THE ORGANIZATION PROVIDES ADEQUATE RESOURCES FOR PREVENTION AND CONTROL HEALTH CARE ASSOCIATED INFECTIONS.**

Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre provides adequate and appropriate personal protective equipment for employees, soaps and disinfectant at the point of use and adequate inventory is maintained at all time to ensure availability of these.

Personal protective equipments includes

- Gloves
- Protective eye wear
- Mask
- Apron
- Gown
- Boots/ shoe covers
- Cap/ hair cover

The hospital has adequate and appropriate facilities for hand hygiene in all patient care area such as liquid hand wash, large wash basin with elbow operated taps, sterile napkin, hand rubs etc. are available to all health care providers.

- a. The hospital defines the conditions where isolation , barrier nursing or both isolation and barrier nursing is required. The organization provides barrier nursing facilities such as clothing , mask , gloves...etc.

**Isolation protocols**

**Definition:** It is the separation of infected persons from the non-infected persons for the period of communicability under conditions which will prevent the transmission of infection.

When a patient comes with any infectious disease/ Immuno compromised state, the concerned ward staff will inform the ICN and she is arranges the room for whom isolation is required.

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### **Contact Isolation**

- a) Contact isolation is designed to prevent transmission of highly transmissible or epidemiologically important infections
- b) All diseases or conditions included in this category are spread primarily by close direct contact.

### **Specification for Contact Isolation**

1. Private room is indicated.
2. Masks are indicated for those who come close to the patient.
3. Gowns are indicated if soiling is likely.
4. Gloves are indicated for touching infective material.

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01 - 08****Issue No.****01****Rev. No.****00****Date****01/04/2017****Page****44****Protocol for receiving patient with Dengue and Chikungunya, Lepto, Malaria**

1. Receive the patient in isolation room. / ward.
2. Inform Infection Control Nurse.
3. Confirm report from laboratory.
4. Provide isolation measures with facilities of mosquito, mosquito repellent.
5. Infection Control Nurse will inform to RMO/DMS & Local Governing body ( Corporation).
6. Instruct the relatives to protect themselves and others by keeping the environment free from mosquito.

**Drainage / Secretion Precautions****Body substance isolation**

Drainage /secretion precautions are designed to prevent infections that are transmitted by direct or indirect contact with purulent material or drainage from an infected body site.



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### **Specification for Drainage /Secretion Precautions**

1. Masks are not indicated.
2. Gowns are indicated if soiling is likely.
3. Gloves are indicated for touching infective material.

### **Blood body fluid isolation**

This type is designed to protect the caregiver from getting infected by the disease.

#### **1. Specifications for Blood and body fluid isolation:**

- a. Private room required only if the person's hygiene is poor.
- b. Use of mask is indicated if the patient is suffering from other infections e.g. Active Tuberculosis, Pneumonia etc.
- c. Gowns are indicated if spoilage with blood and body fluids is likely.
- d. Gloves are indicated for touching blood and body fluids.
- e. Wash hands immediately if potentially contaminated by blood or body fluids.



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**2. Disease conditions requiring blood and body fluid isolation.**

- a. Acquired Immune Deficiency Syndrome.
- b. Hepatitis B (And HBsAg carrier).
- c. Hepatitis non-A, non-B.

**The following points are common for all the types of isolation.**

- a. Hands must be washed after touching the client or potentially contaminated articles and before taking care of any other client.
- b. Stick BIO-HAZARD symbol on the contaminated articles before sending to the CSSD.
- c. Discard all infectious wastes- non-plastic in appropriate plastic bag.

**Protocol**

1. Admission to an Isolation room
2. Single use Disposable plastic apron should be worn for patient contact
3. The gown/plastic apron & gloves should be removed before leaving the room
4. Single use disposable gloves should be worn for handling contaminated tissue, dressing or linen.
5. Hands must be decontaminated after removing the gloves
6. Bed linen / clothing should be changed daily
7. Linen bags must be sealed at the bed side and removed directly to the dirty utility area or the collection point
8. All instruments used for the patient care must be kept with the patient
9. Use dedicated equipments
10. Hand must be washed before and after contact with the patient or their environment .Use Chlorhexidine or alcoholic based hand rub.
11. All single use items must be disposed of as clinical waste. Clinical waste bags must be sealed before leaving the room. All reusable items would be processed in accordance with the local disinfection policy.



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### **Pre and Post Exposure Prophylaxis**

Dr. D.Y, Patil Ayurved Hospital & Research Centre provides Hepatitis B vaccination for all staff as a part of pre exposure prophylaxis

#### **Managing exposure to potentially infectious body fluid:**

##### **Categories of exposure:**

1. Needle stick injuries
2. Non- intact skin exposure
3. Mucosal exposure e.g. Splash into eye

##### **Immediate action to be taken**

1. Wash in running water.
2. Non intact skin exposure: Wash for 10 minutes with soap and water.

Report to infection control nurse

3. Mucosal exposure e.g. splash into eyes

Wash for 10 minutes by using clean water or normal saline to irrigate the eye. The eyelid should be held open by another person wearing sterile gloves. Do not use soap and water or disinfectant.

### **NEEDLE STICK INJURY**

#### **(Post exposure prophylaxis)**

1. Wash hand in running water with soap
2. Inform Infection Control Nurse.
3. If housekeeping staff injured,
  - a. Inform housekeeping supervisor and Housekeeping Supervisor is responsible to inform infection control nurse.

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### Steps - Protocol/Manual

1. Check status of the injured staff
2. Status of the source:
3. Inform the consultant
4. Inform patient - Check patient's serology

### Step-1

1. If patients serology - HepB+ve /Known case of **HepB+ve**
2. Check vaccination status of injured person.
  - If vaccinated           •    Check HB3 A3 titer
  - If not vaccinated       •    Provide Hepatitis B vaccine.
  - If patient is +ve case   •    Check HbsAg titer
  - If HbsAg Titer value < 10 Provide immunoglobulin within 24 hour

### Step-2

If patient known case of HIV +ve / Unknown and staff is injured

1. Consult concerned physician
2. Start Anti Retro Viral Therapy (ART) as early as possible.
3. If patient is HCV positive: hand washing in running water with soap.
4. Consult concerned physician

### **After Post exposure of Known case of Hepatitis-B, HIV&HCV/Unknown**

- Follow up the serology of staff for 3months,6 months and 12 months
- Infection control nurse to monitor, follow up and maintain documents





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**HIC.6: BIO-MEDICAL WASTE (BMW) IS HANDLED IN AN APPROPRIATE AND SAFE MANNER.**

The organization adheres to statutory provisions with regard to Bio-medical Waste.

Waste management policy at Dr. D.Y.Patil College of Ayurved, Hospital & Research Centre has been implemented in accordance with the rules of Biomedical Waste Management Act. The hospital has got the consent to operate under pollution control board. COOPERATIVE HOSPITAL adopts color coded segregation of biomedical waste in all patient care areas. This is monitored by HIC team on daily basis All waste containers are emptied when they are 3/4ths full Segregation is done at source. A color code is followed and appropriately coded waste bags are placed in bins in all patient care areas. Segregated bio medical waste is stored and transported to the central waste collection area of the hospital in proper covered containers in secured manner.

- Waste from various patient care areas is removed once a day or more if necessary. All bags that are being transported to the central waste collection area will have to be tied at the mouth to avoid spillage during transport
- Smaller bags are collected into larger bags and carried by the on-duty housekeeping staff to designated storage areas on trolleys. Bags should be picked up and then transported before become completely fill.
- Avoid the transport of too many bags at one time and contact of the bag with the body of personnel
- Avoid mixing of segregated wastes
- The staff is provided with personal protective equipment (PPE)

<b>Bags/ Container</b>	<b>Contents</b>
<b>RED</b>	<b>Catheter, Plastic Materials like intracath, Saline Bottles etc.</b>
<b>White</b>	<b>Sharp Objects blade, glass etc.</b>
<b>Yellow</b>	<b>Human tissues, organs, body parts and fetus below the viability period</b>

**DISPOSAL OF CONTAMINATED NEEDLES AND SYRINGES**

- Contaminated needles are destroyed using a needle destroyer.
- Contaminated syringes are put in puncture proof container (white)
- At segregation, syringes are put in red color coded plastic cover.

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### **Disposal of Post Panchakarma Procedures BMW-**

1. For the disposal of vomited dravyas during vaman karma sodium hypochlorite 3% is used which is flushed in the toilet.
2. In the Raktamokshan the blood which is sucked by jalauka or blood which is taken from scalp will be disposed with 3% sodium hypochlorite & flushed in the toilet then the needle of the scalp will be destroyed by needle cutter.
3. After completion of the treatment droni & swedan peti should be cleaned by hot water with washing powder.
4. Cotton, bandage, dressing material should be dumped in the yellow bag.
5. The material which is to be used for basti like gloves, catheter, dumped in the red bag.
6. Blades, needles, glass should be dumped in the white container.

### **Bio Medical Waste treatment facility.**

The hospital has tie-up with PASSCO. The waste is collected from the collection area of hospital by workers and transported in a covered vehicle to the treatment facility of PASSCO. The hospital conducting periodic visit to Outsourced facility to ensure waste disposal according to BMW rules. Annual report of waste generated is maintained by administration and report submitted to Maharashtra Pollution Control Board (MPCB). All categories of staff handling bio medical waste are using appropriate personal protective measures.

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**HIC.7: THE INFECTION CONTROL PROGRAM IS SUPPORTED BY THE  
MANAGEMENT AND INCLUDES TRAINING OF THE STAFF AND EMPLOYEE HEALTH**

- The hospital management ensures the availability of resources required for the infection control program.
- The hospital conducts induction training for all newly joined staff as and when required. Induction training includes policies, procedures and practice of infection control program. All categories of staff under goes induction training and the records are maintained.
- The hospital conducts in service training for all staff as per the training schedule. The frequency of training decided by the hospital based on the priority of the topic.

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**HIC : 08 POLICY & PROCEDURES FOR STERILIZATION ACTIVITIES IN THE ORGANIZATION**

- 8.1. Adequate space is available.
- 8.2 documented procedure guides the cleaning, packing, disinfection and sterilization, storing & issue of items.
- 8.3 Validation tests are carried out.
- 8.4 When breakdown of sterilization system is there. There is established recall & replacement procedure.