

SOP - INFECTION CONTROL
RAHBAR MEDICAL & DENTAL COLLEGE (RMDC)

1. **Purpose.** To reduce the risk of cross infection between staff, students there is implementation of adequate hand hygiene in the Environment.
2. **Scope.** All healthcare workers and visiting personal.
3. **Responsibility.** Principal of RMDC is over all Incharge of RMDC for implementation of infection control plan
4. **Procedure:-**
 - a. All staff must have awareness of Hand Hygiene Policy (Included WHO 5 Moments of Hand Hygiene, 10 Steps of Hand Washing and 7 Steps of Hand Sanitization) and have full understanding of it prior to starting work
 - b. Hand washing facility with running tap water, liquid soap, paper towels and bins next to the sinks shall be available.
 - c. Hand hygiene shall be adhered to as per “WHO 5 Moments of Hand hygiene”. (Checklist attached as Annexure ‘H’).
 - d. Hand washing shall be performed with soap and water when they are visibly dirty or contaminated with blood, other body fluids, after using the toilet and before taking food.
 - e. Hand sanitizer or alcohol gel shall be used if hands are not visibly soiled.
 - f. All staff shall ensure the following:-
 - (1) Fingernails shall be kept short and clean.
 - (2) Rings shall be kept to a minimum. Ideally only a simple band may be worn and it shall be removed during hand washing to ensure adequate cleaning below it.
 - (3) Long sleeves of the shirts shall be rolled up to mid arm or elbow.
 - (4) Hand moisturizers to be used at least once daily to prevent skin dryness / cracks.
 - (5) Before donning gloves hands shall be completely dry.

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

5. **Purpose.** To reduce the risk of cross infection, adequate use of PPE. Following procedure will be followed:-
- a. Clean latex gloves and clean polythene aprons shall be kept in abundance on prominent approachable places.
 - b. All PPE shall be put on and taken off at the site of task for which they are worn.
 - c. Guidelines for putting on and taking off, sequence and methods shall be following by all. (PPE Compliance Audit Form attached as **Annexure “I”**).
 - d. For all aseptic procedures sterile surgical gloves shall be used.
 - e. Gloves shall be worn when:-
 - (1) There is a direct contact with blood or blood products, body substances, mucus membranes and non-intact skin.
 - (2) Handling and touching visibly / potentially contaminated equipment and environment surfaces.
 - f. Gloves shall be changed:-
 - (1) Between episodes of care.
 - (2) During the care when there is risk of cross contaminate of two different sites.
 - (3) When interaction involves touching portable
 - (4) As soon as they become grossly contaminated.
 - g. Clean impervious / fluid resistant aprons (only plastic or polythene) shall be worn when health care workers clothing is likely to be contaminated with pathogens, blood or body fluids.
 - h. Aprons shall be changed.
 - i. For use of masks following shall be followed:-
 - (1) Ordinary surgical masks are only to be used to keep splashes or sprays from reaching mouth and nose of the person wearing them (e.g during suction).
 - (2) Masks shall not be worn unnecessarily for a long time.
 - (3) Shall be changed within 15-20 minutes of wearing them.
 - (4) Touching the masks shall be avoided.
 - (5) Masks shall not be dangling around the neck.
 - (6) Hand hygiene shall be performed upon touching and discarding a used mask.

- (7) Blood and body substances contaminated PPE shall be disposed off into yellow contaminated waste bin while other used PPE is disposed off into blue waste bin.

8. **Clinical Laboratory:-**

- a. Laboratory requirement daily cleaning for by disinfection.
- b. Countertops should be decontaminated after each shift and whenever spills occur by Laboratory personnel.

9. **Cleaning of Spills of Blood / Body Fluids.** Procedure for dealing with small spillages e.g splashes and droplets shall be as follows:-

- a. Gloves and plastic apron shall be worn.
- b. When sharps are involved use forceps to pick up sharps and discard these items in a puncture resistant container.
- c. The area shall be cleaned using a neutral detergent and warm water.
- d. Use a 1: 1000 dilution of 5.25-6. 15% sodium hypochlorite which provides 525-615 ppm chlorine (practical expressed as 1 tablet of 2.5 liters of water) to decontam nonporous surfaces after as small spill.
- e. The gloves, apron, and paper roll / towels shall be discarded in clinical waste bags / infectious waste receptacle.
- f. Hands must be thoroughly washed after removal of gloves.

10. **Disposal of Sharps.** To reduce hazards associated with sharps following, will be followed:-

- a. A "Near Patient Sharp Disposal System" shall be used.
- b. All needles must be cut using a needle cutter at point of use.
- c. Other sharps such as suture needles, scalpels, surgical blades, lancets and broken ampoules must be dropped into yellow sharp bin immediate after use.
- d. Aperture of sharp container shall be closed after dropping the item inside the bin.
- e. Used ampoules that need to be deposited in medical store for replacement shall be collected in a separate puncture proof container.
- f. Loose sharps should never be left lying around on floor and counters or in trays.
- g. Unjustified use of surgical blades in the departments e.g cutting gauze, paper etc must be discouraged.
- h. Transfer of sharps from small sharps containers not larger containers shall never be attempted.

- i. Needles shall never be re-sheathed or bent.
- j. Fingers / hands must never be inserted the sharps bin.
- k. Blunt needle cutters must be changed immediately.
- l. When sharps container is 2/3 full it is to be closed, sealed, clearly labeled as “SHARPS” , signed by duty nurse and replaced.
- m. Nursing officer incharge shall monitor and ensure the practice.

11. **Standard Precautions:-**

- a. Hand hygiene – Hands must be thoroughly washed after contact with each patient and before putting on and after removing gloves.
- b. Wounds or other skin lesions must be covered by a waterproof plaster. Eczema, especially of the hands, must be reported to the person in charge of the department.
- c. Protective measures must be taken to avoid contamination of person and clothing by blood / listed fluids. The level of protection depends on the type of procedure being carried out and could including any or all or the following:-
 - (1) Well-fitting disposable latex or polyvinyl gloves.
 - (2) Plastic apron.
 - (3) Eye/mouth protection.
 - (4) Protective glasses.
 - (5) Long-sleeved impermeable plastic gown.
 - (6) Avoid wearing open footwear in situation where blood may be spilt or where sharp instruction or needles are handled.
- d. Avoid SHARPS usage wherever possible.
- e. Needles must NOT be re-sheathed. Extreme care to be exercise and sharps must be disposed off immediately into sharps, box.
- f. SHARPS must be placed in a rigid plastic approved SHARPS container, which must be sealed and replaced when ¼ full.
- g. Wounds or other skin lesions must be covered by a waterproof plaster. Eczema, especially of the hands, must be reported to the person in charge of the department.
- h. Protective measures must be taken to avoid contamination of person and clothing by blood / listed fluids. The level of protection depends on the type of procedure being carried out and could including any or all or the following:-
 - (1) Well-fitting disposable latex or polyvinyl gloves.
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 - (3) Eye/mouth protection.

- (4) Protective glasses.
- (5) Long-sleeved impermeable plastic gown.
- (6) Avoid wearing open footwear in situation where blood may be spilt or where sharp instrument or needles are handled.
- i. Avoid SHARPS usage wherever possible
- j. Needles must NOT be re-sheathed. Extreme care to be exercised and sharps must be disposed of immediately into sharps, box.
- k. SHARPS must be placed in a rigid plastic approved SHARPS container, which must be sealed and replaced when $\frac{1}{4}$ full.

12. **Accidents:-**

- a. Needle stick / other SHARPS injuries must be encouraged to bleed and a waterproof plaster application. Mucous membrane exposure to be washed with plenty of warm running water and soap (but do NOT scrub).
- b. Spillages of blood/body fluid must be cleaned up promptly and surfaces disinfected. Plastic apron and gloves should be worn and disposable wipes used. The spill is to be cleaned up using hot water, detergent and wipes and disinfected with sodium hypochlorite. Dispose of soiled gloves, wipes and apron into a clinical waste bag. Chlorine releasing solution is available for hard surface disinfection. These chemicals are toxic and must be used only as direction on the containers.
- c. Gloves must be worn prior to disinfection / cleaning of equipment.
- d. Healthcare workers potentially at risk of injury with sharp instruments, needles, when involved in procedures must strictly adhere to Infection Control Standing Operating Procedure.
- e. Before employing health care workers screening will be carried out for:-
 - (1) Hepatitis B & C
 - (2) HIV
 - (3) Tuberculosis
 - (4) Positive cases shall not be employ