Infection Control Management Project

Volume 2: Guidelines for Infection Control at Obstetrics and Paediatrics OPD

1. Protocols
2. Reference Text
3. Tool for Monitoring

January 2011

Adapted by AAA team from:

3. Performance Standards for Primary Health Care At Rural Health Care At Rural Health Centers/Basic Health Units, Prepared by Pride Project, USAID, Jhpiego, International Rescue Committee, Management Sciences for Health
4. WHO Poster, How to Handwash & How to Hand rub, October 2006
Infection Control at Obstetrics and Paediatrics OPD

All staff MUST:

1. Ensure cleanliness.

2. Ensure an adequate supply of clean water for drinking and healthcare purposes.

3. Maintain hand hygiene, for preventing cross-contamination (person to person or contaminated object to person).

4. Have personal protective equipment available (caps, masks, aprons, eyewear, gloves, close-toed shoes) and use it appropriately.

5. Prevent needle/sharp injuries, use containers for sharps disposal and dispose these safely.

6. Ensure that clean supplies are available (gauze, cotton wool, instruments, plastic containers etc).

7. Ensure that antiseptics and disinfectants are available and are used appropriately.

8. Perform point-of-use decontamination of instruments and other items.

9. Have a separate area for instrument cleaning.

10. Ensure proper collection and cleaning of soiled linen.

11. Follow waste handling, collection and disposal guidelines properly.
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BHU</td>
<td>Basic Health Unit</td>
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<tr>
<td>HLD</td>
<td>High Level Disinfection</td>
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<tr>
<td>OT</td>
<td>Operating Theatre</td>
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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
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<tr>
<td>PUR</td>
<td>Trade name for water purification product</td>
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<td>RHC</td>
<td>Rural Health Centre</td>
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</table>
Standard Precautions
as advocated by WHO for health care facilities

“Standard” precautions involve work practices that are essential in providing high level protection to health care personnel, patients and visitors.

These include, but are not limited to the following:

- Practicing hand hygiene;
- Using personal protective equipment in all procedures, especially when handling blood, body substances, excretions and secretions;
- Appropriate handling of patient care equipment and soiled linen;
- Preventing needlestick and sharp injuries;
- Environmental cleaning and managing spills; and
- Appropriately handling all kinds of waste.

1. Ensure Cleanliness of the OPD

Keep all areas of the OPD including: the registration area, examination room/s, labour room, recovery room, ward/s, instrument processing area, laboratory, pharmacy and toilets. There should be NO dust, cobwebs, blood, trash, used needles and syringes, bandages, on the floor, walls, roof, or on fixtures and furniture.

Ensure routine cleaning as it is important to maintain a clean and dust-free environment. There are usually many micro-organisms present in dirt, and routine cleaning helps in eliminating it.

- Clean only by wet mopping. Dry sweeping e.g. by using jharoo (broom) should not be done. Using commonly available neutral detergent solution improves the quality of cleaning.
- Clean all areas visibly contaminated with blood or body fluids immediately with detergent and water.
- Clean all horizontal surfaces and toilet areas daily.
2. Ensure an adequate supply of clean water for drinking and healthcare

The OPD should have provision for regular supply of adequate water.

- For drinking, store water in clean containers and do not allow hands to enter the storage tanks or containers.
- Purify water through products like Musaffa, PUR, Aquatab, etc.
- If the facility has water storage tanks, cleaned on a six-monthly basis.
- For scrubbing before surgery, use purified water.

3. Maintain Hand Hygiene

Handwashing mechanically removes soil and debris from the skin, and reduces the number of microorganisms that can be transferred to other patients and the health care worker. Using plain soap and clean water is as effective as washing with “antimicrobial” soaps. In addition, plain soap causes less skin irritation.

Popular commercial products (such as Safeguard, Bodyguard, Lifebouy) have no proven extra efficacy than normal soap. These may alter hand flora increasing resistance of organisms.

Hand hygiene can be performed with soap and water, or with the use of alcohol hand rub.

Hand hygiene should be done before:
- Examining a client/patient
- Wearing gloves for any routine procedure/examination

Hand hygiene should be done after:
- Having contact of any kind with a client.
- Handling soiled instruments and other items,
- Touching mucous membranes, blood, or other body fluids (secretions or excretions), and
- Removing gloves
- Any other situation in which hands may become contaminated

- Before performing hand hygiene, remove ALL wrist and hand jewelry. Cover cuts and abrasions with waterproof dressing. Keep fingernails short, clean and free from nail polish.
- When visibly soiled, wash hands with soap and water, otherwise use hand rub.
**Method of Handwashing**

Wash hands when visibly soiled! Otherwise, use hand rub! If hand rub is not available, then do wash hands, as mentioned before.

Duration of procedure: Allow at least 40–60 seconds every time you wash hands

1. Wet hands with water
2. Illustration for bar soap to be added here
3. Rub hands palm to palm
4. Right palm over left dorsum (back of hand) using fingers of the other hand and repeating on the other side
5. Palm to palm using both hands’ fingers between each other
6. Hook/hold backs of fingers with opposing palms and rub against each other,
7. Rub left thumb on right palm in a circular manner, and repeat on the other side
8. Rub in a circular manner, backwards and forwards with fingers tightly held together of right hand on the left palm and repeat on the other side
9. Rinse hands properly with water; and air dry them
Perform Antiseptic Hand Rub before touching each patient. Using an antiseptic hand rub is more effective in killing microorganisms present on the skin from before, or that have been acquired from other patients or the environment than handwashing with antimicrobial agents or plain soap. Further, it is quick and convenient to perform, and gives a greater initial reduction in hand flora. Antiseptic hand rubs also contain a small amount of an emollient such as glycerin, propylene glycol, or sorbitol that protects and softens skin.
**Method of Handrub**

Wash hands only when visibly soiled! Otherwise, use handrub!

Duration of procedure: allow at least 30 seconds.

Apply a handful (2-3 ml) of alcohol hand rub in a cupped hand and cover all surfaces

Rub hands palm to palm

- Right palm over left dorsum (back of hand) using fingers of the other hand and repeating on the other side
- Palm to palm using both hands’ fingers between each other
- Hook/hold backs of fingers with opposing palms and rub against each other,
- Rub left thumb on right palm in a circular manner, and repeat on the other side
- Rub in a circular manner, backwards and forwards with fingers tightly held together of right hand on the left palm and repeat on the other side
- Allow your hands to air dry if needed,

Your hands are now safe

**Making antiseptic handrub**

A non-irritating, antiseptic hand rub can be made by adding glycerin, propylene glycol, or sorbitol to alcohol (2 ml in 100 ml of 60-90 percent ethyl or isopropyl alcohol solution). Use 5 ml (about 1 teaspoonful) for each application, making sure that it comes into contact with all surfaces of the hands. Rub hands together vigorously, paying particular attention to the tips of...
the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry. Allow at least 15-30 seconds.

- DO NOT USE HAND RUB in case where hands are visibly soiled, or grossly contaminated with dirt or organic material. They must be washed with soap and water.

- Dry hands in air. Do not use towels (unless single use disposable towels are available).

Protecting hands from drying effects of handrub

A hand cream or any vegetable oil can be applied to protect skin from the drying effects of using handrub. Rarely, handrubs can cause allergies or irritation, in which case, try a different product, or use plain soaps.

4. Have Personal Protective Equipment (PPE) available and use if appropriately

Personal Protective Equipment means all protective barriers, that are essential for protecting patients/clients from micro-organisms, and all health care staff.

- PPE should be available for use at ALL times. This includes, but is not limited to gloves, masks, eyewear (face shields, goggles and glasses), caps, gowns, aprons and other items.

- PPE is must for use by ALL staff (doctors, paramedics and other staff) for any situation where they may have contact with blood, body fluids, excretions or secretions. The staff must be properly trained in appropriate use of PPE.

Principles for the use of PPE

The following principles guide the use of personal protective equipment:

- Do NOT share personal protective equipment.
- Chose PPE according to the risk of exposure.
- Change PPE completely, as needed and thoroughly wash hands each time you leave a patient to attend to another patient or another duty.
- Discard used PPE in appropriate disposal bags.

Gloves

Gloves protect hands of health care personnel from contact with body fluids. Use of gloves is an extremely important practice for health worker safety, and preventing cross infection amongst patients. Use new gloves for each patient.
workers from infectious materials. They also protect patients from microorganisms on health care workers' hands.

- Wear clean non-sterile gloves when touching blood, body fluids, secretions, excretions or mucous membranes.
- Change gloves between tasks/procedures on the same patient to prevent cross-contamination between different body sites. Hand hygiene is essential between such tasks.
- Remove gloves immediately after use, and use new gloves before attending to another patient.
- Perform hand hygiene immediately after removing gloves. Use plain soap, antimicrobial agent, or antiseptic hand rub.
- Elbow length gloves should be used wherever more quantity of body fluid is expected, e.g. during deliveries and C-Sections.
- Disposable gloves should not be reused, but should be immediately disposed.

**Masks**

Masks are worn to contain moisture droplets expelled when health care workers and surgical staff speak, cough, or sneeze. They also prevent accidental splashes of blood or other contaminated body fluids from entering the health care worker's nose or mouth.

- Use masks that are large enough to cover the nose, lower face, jaw, and facial hair.
- Use masks that are made of fluid-resistant materials, or they would not be effective in serving both purposes.
- Wear surgical masks rather than cotton material or gauze masks.
- Do not reuse disposable masks.

**Eyewear**

Eyewear is extremely important as it protects health care workers from accidental splashes of blood or other body fluids by covering the eyes. Many infections including Hepatitis B virus can be acquired through this route. Eyewear includes clear face visors, plastic goggles, safety glasses, etc. Prescription glasses or glasses with plain lenses also are acceptable, if they are large enough to offer proper coverage.

- Put on eyewear during any task in which an splash into the face can occur, or is likely (e.g., surgical procedures and during cleaning of instruments).
- Routinely decontaminate eyewear. Different eyewear may require different cleaning methods. For special eyewear such as face visors and goggles, follow the instructions from the company, since use of chemicals may damage it permanently.
- Put on eyewear in routine for all minor and major surgical procedures.
Gowns and aprons

Clean, non-sterile gowns should be worn to protect the health care worker’s skin and prevent soiling of clothes during procedures that are likely to generate splashes of blood, body fluids, secretions or excretions, such as incision and drainage of abscess. Surgical gowns made of fluid-resistant materials are important in keeping blood and other body fluids, such as amniotic fluid, away from health care workers, particularly during delivery and in surgical procedures. Lightweight cotton gowns offer little protection.

- Use gowns made of impermeable material such as plastic or rexin.
- If using a cotton gown, wear a plastic apron on top of the gown to protect exposure to blood, body fluids, secretions and excretions.
- Wear gowns and aprons, as needed, in routine, if significant fluid is expected, for example during deliveries and C-sections.
- If a large spill occurs, the best things to do is to take a bath by showering immediately, or as soon as possible, after completing the operation or procedure.

Caps

Caps cover the hair and scalp so that hair and skin flakes are not shed into the wound during surgical procedures, and to protect the worker from body fluid splashes and sprays.

- Use caps that be large enough to cover all hair.

Use caps that are large enough to cover all hair
Footwear

Footwear is worn to protect feet from injury by sharps or fluids, especially in the operating theatre (OT).

- Keep OT shoes/slippers entirely separate for use by OT staff only.
- Clean OT shoes/slippers, and keep them free of contamination from blood or other body fluids.
- Wash and decontaminate ALL OT shoes/slippers =with 0.5% Chlorine solution at the end of the day, or as needed.
- Do NOT wear OT shoes/slippers outside the theatre.

Clean, decontaminate and thoroughly dry any shoe/slipper taken out of the OT. Do NOT allow the shoes/slippers inside the OT again, unless it is thoroughly cleaned, decontaminated and dried.

5. Prevent needle/sharp injuries, use containers for sharps disposal and dispose these safely

Any item that may cause puncture or cuts is defined as a “sharp.” These comprise of needles, syringes, scalpels, blades, glass. Be especially careful to to prevent injuries when using sharps.

Important Guidelines

- Use needle and syringe ONLY ONCE.
- Minimize handling.
- DO NOT pass directly from hand to hand.
- **Do not recap or bend needles**, prior to disposal.
- **Do not disassemble** the needle and syringe after use.
- **Carefully destroy needles and syringes**, prior to disposal to prevent by using needle cutters/destroyers. This is important for preventing reuse and repackaging of used syringes.
- Dispose used and mutilated disposable syringes and needles, scalpel blades and other sharp items in a **puncture-resistant container with a closed lid**.

Cut needles and destroy syringes before disposal

Making and using puncture-resistant sharps containers

Puncture-resistant sharp containers can be made from a cardboard box, used tin box, or hard plastic bottles that can be properly closed.

- Make only a small opening in the box for disposing sharps.
- Containers should be closed and immediately replaced when three-quarters (¾) full.
- Place sharp containers in ALL patient care and laboratory areas where they are easily accessible to health workers, e.g. in dressing/injection rooms, vaccination rooms, examination rooms, labour rooms, wards and laboratories.
6. Ensure that clean supplies are available

Make clean available at all necessary sites within the facility, in ready to use form. These include gauze or cotton wool, instruments, and pick-up forceps in separate dry containers.

7. Ensure that antiseptics and disinfectants are available and are used appropriately

Antiseptics

Antiseptics include alcohol (spirit), 60-90% ethyl or isopropyl alcohol, chloroxylenol (tradename: dettol), or chlorhexidine gluconate 2-4% (trade name: Savlon), or iodine preparations such as povidon-iodine (trade name: Pyodine).

Disinfectants

Disinfectants include chlorine solution or powder.

- The facility store should have sufficient amounts of antiseptics and disinfectants.
- There should also be sufficient amounts of commonly used detergents that do not have acid, ammonia or ammonium.
  Other supplies include mops, buckets, cleaning cloth and cleaning clothes for personnel, if needed.

8. Perform point-of-use decontamination of instruments and other items

Decontaminate instruments and other items properly, immediately after use, and before cleaning, at the site of use. This is known as “point-of-use decontamination,” which is an important first step in the cleaning of instruments.

- The decontamination should be done with 0.5% chlorine solution.
- Prepare new chlorine solution at the beginning of each day.
- Prepare 0.5%-Chlorine solution by mixing 1 part of 5% bleach with 9 parts of water.
- Use plastic containers for soaking instruments and other items in the 0.5% chlorine solution, for at least 10 minutes, before taking it to the washing/preparation room.
- Carry items taken to the preparation room in a leak proof container.
• Metallic instruments can easily corrode if left for more than 10 minutes, while some instruments will require other chemical/s for decontamination.

9. Have a Separate Area for Instrument Cleaning

In the OPD, the area for cleaning of instruments must be separate from procedure areas.

Important guidelines for maintaining space

• Use at least 1 deep sink/basin with running water for washing instruments and a counter, or a separate space for instrument drying,
• Keep clean items on one side of the room and dirty items on the other, to ensure that dirty and clean items do not have any contact, or chance of mixing. Clearly label dirty and clean areas in the space in local language.
• Store clean items in a closed shelf.
• Do not allow contaminated linen and medical waste into the room/space for instrument cleaning/processing.
• Keep area free from spills and water on the floor, and ensure there are no electric items near the water area.

Important guidelines for personnel

• Wear proper PPE, including utility gloves, eyewear protection or face shield, plastic apron and gumboots (or toe covered, impermeable shoes, if gumboots are not available).
• Use a soft brush with detergent (without acid or ammonia) water and 0.5% chlorine solution.
• Scrub instruments and other items under the surface of water to completely remove blood and other materials.
• For items with multiple parts, disassemble completely taking care not to injure hands. Clean grooves, teeth and joints with a soft brush.
• Rinse all items thoroughly with water.
• Air dry the items and instruments.
• Decontaminate utility gloves if, and as needed.
• After handling each batch of instruments, remove gloves and perform hand hygiene by proper hand washing (with running water and soap for 30 seconds, and let them air dry).
• Decontaminate, clean and dry PPE equipment, at the end of the cleaning; or at the end of the day; or as needed.
10. Ensure proper collection and cleaning of soiled linen

Important guidelines for collecting, sorting and transporting linen

Take extreme care during sorting and collection of linen. Linen such as large drapes and towel drapes from the OT, and procedure areas frequently contains sharps (scalpels, sharp-tipped scissors, needles and syringes, suture needles and sharp-tipped towel clips).

- **DO NOT SHAKE LINEN** during collection, sorting or in an attempt to dry. This spreads microorganisms, and can even cause injuries due to items sent flying, which were attached to the linen.
- Do NOT try to pre-sort, pre-soak or wash linen at the point-of-use, e.g. in patient care areas (wards, procedure areas).
- Wear appropriate PPE, including utility gloves (elbow length), eye protection, impermeable apron and gumboots/closed toe shoes, when collecting linen.
- Collect linen in leak proof containers/plastic bags.
- **Transport linen** in proper trolleys with compartments for keeping soiled linen.
- Use and maintain a separate trolley for OT, or other area where heavily soiled linen is expected. Linen from wards is not usually heavily soiled.
- Keep trolley clean by decontamination, cleaning and drying as needed, and at least once daily, before taking out for linen collection.

Guidelines for maintaining processing space and washing linen

- Designate and clearly label the soiled linen area.
- Keep soiled linen in designated area until taken to the laundry/area.
- **DO NOT SHAKE** linen. Be careful during sorting as sharps may be present in the linen.
- Carefully sort all linen in bags properly, before washing and drying linen.
- Consider all cloth items (e.g. surgical drapes, gowns, wrappers) used during a procedure as infectious. Even if there is no visible contamination, items must be washed properly.
- Use appropriate PPE for safety, including eyewear (face visor or goggles) to save from contaminated water and chemicals, utility gloves, impermeable gowns and aprons, and gum boots.
• Wash with common detergent (without ammonia, ammonium, acids, whitening agents, or enzymes) mixed with chlorine bleach.
• Remove gloves and PPE at the end of the session.
• Perform hand hygiene by properly washing hands with soap and water.
• Decontaminate the PPE equipment appropriately.

11. Follow waste handling, collection and disposal guidelines properly

The following protocol applies to various Patient Care Areas (PCAs) of the hospital, while it will need adaptation according to available resources and infrastructure.

For solid wastes, bedside area of each patient should have:
• 1 White Bin (or plain bucket) with White (or Green) liner
• 1 Red Bin (or plain bucket) with Red liner and lid
• An adequately sized puncture resistant sharp container (yellow if possible) should be available in the PCA (at the nursing station).

For liquid wastes, bedside area of each patient should have (as needed):
• 1 disinfected urine jug/urinal
• 1 sputum cup

Counselling of patient as to the purpose of these buckets and containers is essential to run the system of segregation effectively. Without the cooperation of patients and attendant, this simple system will not work.

Each PCA should have

• 1 big BLUE container, (which does not need to be lined with a bag) for collection of recyclable dry waste materials (glass, packaging, card board, paper, etc).
• 1 YELLOW sharps box at the nursing station.
• 1 Needle cutter at the nursing station.

Segregation of Waste into Infectious and Non-Infectious at the Bedside

General waste should be preferably separated into 2 streams, if possible. Or else, it can all be collected as mentioned below in White/Green bags.

a. White/Green Bucket with White/Green Bag for General Waste (Non-Infectious)
• Foods, fruits and vegetables
• Tea bags

The above contents can be recycled or composted.

b. Blue Bin for recyclable waste
• Paper and packaging
• Glass bottles (but not broken glass)
• Plastic drips
• Injectables
• Paper and packaging
• Juice and Food Boxes

c. Red Bucket with Lid with Red Bag for Infectious Waste
• Human tissues
• Blood bags and all blood products
• Soiled bandages, gauze
• Urinary catheter tubing and bag, IV tubing
• Surgical drains and bags, NGT, ET tube
• Used IV and arterial catheters
• Diapers

Bag should be incinerated as it is.

c. Yellow box for sharps waste
• Needles
• Scalpels
• Knives
• Blades
• Broken Glass

Sharps waste should be either packaged in a container with Chlorine solution added (that acts as a corrosive and decontaminant), and then buried.

Alternately, the whole sharps box could be incinerated.

General principles
• Ensure easy access to supply of colour-coded bags and containers
• Fill bags to maximum of 3/4 capacity.
• Do not put hands inside the bags/containers.
• Avoid the pressing of filled bag.
• The bags to be tied and handled by neck only while transportation.
• Staff must wear protective clothing, gloves, mask, aprons etc while handling infected waste.
• Never allow any person to put their hands inside the bags.
• If bags tear, they should be replaced/re-bagged in new clean bags

Primary Transportation of Buckets and Containers from the Bedside

Primary transportation starts from patient bedside to primary storage area in the PCA. However in some hospitals, there is only one general storage area for the entire hospital. Some hospitals do not have any storage area and the waste is directly taken to the disposal point (incinerator or burial site).

• Small wheeled trolley should be used for primary transportation.
• Trolley should be dedicated only to transportation of waste.
• Trolley should be decontaminated and cleaned at the end of the day, and at least once daily.

Primary storage area:

Primary storage area is available in the premises of PCA and can be a small room in a corner with good ventilation, if possible, and a door to the outside.

• Primary storage area should contain large bins with colour coded liners.
• Assign bins with red liners and lids for infectious waste.
• Assign bins with white/green liners for general and non-recyclable waste.
• Assign blue bins (with liners, if needed) for recyclable waste

Bins may be of any colour, but bags/liners should exhibit proper colour coding as per policy decided. Bags must be used to maintain the segregation.
• The waste of the white/green bin can be sorted into two categories in the primary storage area.
• Recyclable waste goes into the bin with the white liner.
• Non-recyclable waste goes into the big blue bin (with or without a liner).
• The waste of the red buckets or sharps container must NEVER be sorted.

Secondary Storage area:

• From the primary storage area, waste should be transported in a dedicated trolley to the main secondary storage area of the facility from where waste is taken for final disposal.

Management of liquid waste

• Drain liquid wastes (body fluids, etc) into the toilet. Decontaminate instruments such as bed pans after each use by using 0.5% Chlorine solution for at least 10 minutes.

Label hazardous waste and areas of storage clearly in local language
## Monitoring Tools for Hospital OPD

<table>
<thead>
<tr>
<th>Performance Standard</th>
<th>Verification Criteria</th>
<th>Yes, No</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>1. Cleanliness of the OPD</strong></td>
<td>Verify absence of visible dust, cobwebs, blood, trash, used needles and syringes in the following areas</td>
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<tr>
<td></td>
<td>• Registration/waiting area</td>
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<td>• Examination room</td>
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<td>• Instrument processing areas</td>
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<td></td>
<td>• Lab or pharmacy</td>
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<td></td>
<td>• Toilet areas</td>
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<td>• Around sinks</td>
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<tr>
<td><strong>2. Adequate supply of safe water for drinking and other uses</strong></td>
<td>Observe the provision of water for the OPD</td>
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<td></td>
<td>• Tap water available</td>
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<td></td>
<td>• Drinking water is kept in covered, clean containers</td>
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<td>• Drinking water is purified</td>
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<td>• Water for healthcare purposes is also purified</td>
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<td>• Last water testing done on</td>
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<td><strong>3. Hand Hygiene is practiced</strong></td>
<td>Verify and observe</td>
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<tr>
<td></td>
<td>• Soap is available</td>
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<td></td>
<td>• Antiseptic hand rub is available</td>
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<tr>
<td></td>
<td>• Hand rub/handwash is performed</td>
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before touching each patient

- Handwash is done after situations where hands are contaminated

<table>
<thead>
<tr>
<th>4. Type and use of Containers for Sharps</th>
<th>Verify whether:</th>
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<tbody>
<tr>
<td>- The sharps containers are puncture-proof (cardboard box, hard plastic containers or cans that are closed) with only small opening for disposing of syringes with needle</td>
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<tr>
<td>- Sharp containers are all less than ¾ full</td>
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<tr>
<td>- Empty and new containers are nearby and ready for use with 0.5% chlorine solution in the following areas</td>
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<tr>
<td>- Examination room</td>
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<tr>
<td>- Injection/dressing rooms</td>
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<tr>
<td>- EPI vaccination room</td>
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<thead>
<tr>
<th>5. Availability and usage of Personnel protective equipment</th>
<th>Verify whether the following are available and ready for use:</th>
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<tbody>
<tr>
<td>- Disposable gloves</td>
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<tr>
<td>- Masks</td>
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<tr>
<td>- Caps</td>
<td></td>
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<tr>
<td>- Gowns</td>
<td></td>
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<tr>
<td>- Eye wear</td>
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</table>
6. Availability of clean supplies

Verify whether:

- Gauze and cotton is stored in dry containers without an antiseptic
- Instruments and other items are stored in dry containers without antiseptics
- Pick-up forceps are stored in dry containers without antiseptics

7. Availability of Antiseptics and Disinfectants

Verify whether the following are available in storeroom in sufficient amounts:

**Antiseptics:**

- Alcohol (spirit), ethyl or isopropyl alcohol
- Chlorhexidine gluconate (2-4%) (e.g. Salvon) or
- Pyodine

**Disinfectant:**

- Chlorine solution 0.5%

8. Decontamination of Instruments

Verify whether,

- Concentration of chlorine solution is 0.5%:

**Liquid Chlorine:**
| o If using a concentration of 32%, 1 part bleach for 63 parts water |
| o If using a concentration of 5%, 1 part bleach to 9 parts water |
| **Powder Chlorine** |
| o If using Calcium hypochloride (35%), 14 g bleach powder for 1 litre water |
| o If using calcium hypochloride (70%), 7 g bleach for 1 litre water |
| • A new chlorine solution is prepared at the beginning of the day |
| • Plastic containers are used for decontamination |
| • Instruments and other items are soaked in the 0.5% chlorine solution for at least 10 minutes |
| • Items are taken to prep room in bucket or leak proof containers |

### 9. Separate Area Allocated for Instrument Cleaning

Verify whether

- Area for cleaning instruments is separated from the procedure areas
- Dirty and clean items do not have contact
<table>
<thead>
<tr>
<th>10. Cleaning of Instruments and Other Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify whether the person cleaning the instruments complies with the following steps:</td>
</tr>
</tbody>
</table>

**Wears:**
- Utility gloves
- Eyewear protection or face shield
- Plastic apron
- Gumboots or enclosed shoes

**Uses:**
- Soft brush
- Detergent (liquid or powder, without acid or ammonia)
<table>
<thead>
<tr>
<th>11. Soiled linen is Collected</th>
<th>Verify whether the person collecting soiled linen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wears:</td>
</tr>
<tr>
<td></td>
<td>• Utility gloves</td>
</tr>
<tr>
<td></td>
<td>• Eye protection</td>
</tr>
<tr>
<td></td>
<td>• Gumboots or enclosed shoes</td>
</tr>
<tr>
<td></td>
<td>Collects soiled linen in leak proof containers/plastic bag without being pre-soaked</td>
</tr>
<tr>
<td></td>
<td>Brings linen to the laundry in closed</td>
</tr>
<tr>
<td>12. Waste Collection</td>
<td>Verify whether the person collecting waste complies with the following steps:</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Wears:</td>
<td></td>
</tr>
<tr>
<td>o Utility gloves</td>
<td></td>
</tr>
<tr>
<td>o Eye protection</td>
<td></td>
</tr>
<tr>
<td>o Gumboots or enclosed shoes</td>
<td></td>
</tr>
<tr>
<td>• Collects waste in leak proof containers</td>
<td></td>
</tr>
<tr>
<td>• Collects waste when the container is ¾ full</td>
<td></td>
</tr>
<tr>
<td>• Maintains waste collection area clean and free of spills (walls, tables, floors)</td>
<td></td>
</tr>
<tr>
<td>• Collection person washes hands with soap and water after removing gloves and other personal protective equipment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Waste Disposal</th>
<th>Verify whether:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Contaminated liquid waste (blood, urine, faeces and other body fluids) are disposed of in the following manner:

- Emptied into a toilet from which water can be drained into a sewer system
- Containers with sharps are sent for incineration
- Solid waste (used dressings and other materials contaminated with blood and organic matter) are sent for incineration/burial in the proper way
- The person in charge of waste wears eye protection and utility gloves