



Cleaning – from basics to outcomes .

- GAURI BHATIA , CONSULTANT & TRAINER
INFECTION PREVENTION PRACTICES .

Definition

- ▶ Complete removal of visible and invisible soil along with minimising bio-burden
- ▶ Preventing damage
- ▶ Helping in maintenance of working
- ▶ Operator safety
- ▶ Facilitating turn around time management
- ▶ Making further treatment more effective
- ▶ Finally influencing outcomes with regards to patient safety ,faster recovery , prevention of HAI s .

System approach

- ▶ Process – cycle from one use to the next
- ▶ SOPs
- ▶ Equipments
- ▶ Aids / accessories
- ▶ Chemicals
- ▶ Safety measures
- ▶ Training
- ▶ Validation , Maintenance , Documentation ,Record Keeping

Water quality

- ▶ Specifications from equipment manufacturers
- ▶ Facility supply / dedicated arrangements
- ▶ Periodic checks
- ▶ Consistency
- ▶ Treatment plant maintenance
- ▶ Wastage prevention / recycling

How to begin

- ▶ Design – proximity to user ,negative pressure , comfortable temperature
- ▶ Enough space for – trolley movement , storage of material ,Disposal receptions including waste segregation ,sharp disposal .
- ▶ Sinks ,Tap design , water jets with required nozzle attachments, hand shower , Compressed air jet with FRL assembly .
- ▶ Brushes
- ▶ PPE
- ▶ Strainers
- ▶ Soaking Tank

Where to begin

- ▶ Immediately after use ,at user level ,with pre – rinsing / soaking
- ▶ Wiping to remove gross soil happens even during the procedure
- ▶ Flushing immediately
- ▶ Attachments can be flushed while connected to system
- ▶ Earliest transport in closed trolley to Decontamination area of user
- ▶ Segregation of disposable , loaner , personal ,delicate and hospital equipment
- ▶ Handing over to CSSD with entry / scanners can be used

Cleaning per se

- ▶ Manual
- ▶ Specialised
- ▶ Automated

Followed by –

Rinsing , wherever needed

Drying

Why is it so important

- ▶ Sterilization is a probability that is function of initial bio-burden

This means lesser the burden better are the chances of freeing the material from living microbes ,reverse is also *True*

Sterilization breaks the chain of Infection .

Patient and operator / employee safety are our priorities

Contaminants protect / shield the microbes thus reducing the effectiveness of subsequent processes like disinfection or Sterilization .

Residues damage the surfaces ,adhere harder making it a challenge to tackle at later stage

Most important and crucial aim is not to disturb professional (surgeon /clinician)in carrying out his duty for the benefit of patient

How to select method and agent

- ▶ Surface cleaning – Manual eg. Utencils , trays
- ▶ Jointed operating instruments like Artery forceps , needle holders, Tissue forceps – Ultrasonic cleaner
- ▶ Automation ,standardisation , consistency , with disinfection using steam

Washer – Disinfector

Specialised instruments – IFU to be followed meticulously

Apart from cleaning instructions –

- ▶ Hand hygiene
- ▶ Importance of PPE – Donning and Doffing instructions
- ▶ Hepatitis B vaccination to operator , Training about Needle stick / Sharp injury prevention .
- ▶ Post exposure prophylaxis
- ▶ First aid post splashes accidental exposure
- ▶ MSDS
- ▶ Biomedical waste management

How to assess

- ▶ Visual inspection
- ▶ Equipment validation (IQ,OQ,PQ)
- ▶ Process / program standardization
- ▶ Protein swab test
- ▶ Test soils
- ▶ Random sampling by Microbiology

Care of delicate specialised instruments

- ▶ Take help from supplier
- ▶ Conduct training for use ,handling and processing
- ▶ Make as SOP following IFU
- ▶ Include pictures ,video for better understanding
- ▶ Initially seek help for hand holding and practical hands on sessions
- ▶ Validate in house and document
- ▶ Make a list of trained personnel in both the departments (user and CSSD)
- ▶ Form a team to get experience and then train others if needed sothat in their absence work is not hampered .

So with reference to HAIs atleast ,can
we say ...

