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Hospitals

CATHLAB MANUAL

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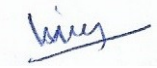
Prepared By:	***Designation: CARDIOLOGIST*** **Name: Dr.V. GURUKIRAN** **Signature:** 
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AMENDMENT SHEET

S.No	Section. No	Details of the Amendment	Reasons	Signature of preparatory authority	Signature of the Approval Authority

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1	MEDICAL DIRECTOR
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3	QUALITY FACILITATOR
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CONTENT

SCOPE OF THE DEPARTMENT

The scope of the Catheterization laboratory is

- To facilitate prompt diagnosis of the Cardiac, Cerebral and Peripheral diseases.
- To provide treatment whenever necessary.

Definitions & Abbreviations

AERB	Atomic Energy Regulation Board
ACT	Activated clotting time
AL	Arterial Left
AR	Arterial Right
ASD	Atrial Septal Defect
BMV	Balloon Mitral Valvuloplasty
BP	Blood Pressure
CA	Carotid Angiogram
CAG	Coronary Angiography
Cath.No.	Catheterization Number
CE	Coil Embolisation

CCU	Cardiac Care Unit
CD	Compact disc
CL	Catheterization Laboratory
CRT	Cardiac Resynchronization Therapy
CSSD	Central sterile supply department
DC	Delivery Challan
DVD	Digital Versatile Disc or Digital Video Disc
ECG	Electrocardiogram
EPS	Electrophysiology studies
ETO	Ethylene Oxide
FFR	Fractional Flow Reserve
GW	Guide Wire
HBSAG	Hepatitis B surface Antigen
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HOD	Head of the Department
IABP	Intra Aortic Balloon Pump
ICCU	Intensive cardiac care unit
ICD	Implantable cardioverter-defibrillator

IP	In Patient
IVC	Inferior Vena Cava
IVUS	Intravascular Ultrasound
JL	Judkin's Left
JR	Judkin's Right
MP	Multi-purpose
OCT	Optical coherence tomography
OT	Operation Theater
PTA	Percutaneous Transluminal Angioplasty
PBAV	Percutaneous Balloon Aortic Valvuloplasty
PBPV	Percutaneous Balloon Pulmonary Valvuloplasty
PE	Pericardial Effusion
PDA	Patent Ductus Arteriosus
PPI	Permanent Pacemaker Implantation
PTCA	Percutaneous transluminal coronary angioplasty
PTRA	Percutaneous transluminal Renal Angioplasty
RAG	Renal Angiogram
RFA	Radio frequency Ablation
SNRT	Sinus node recovery time

TLD	Thermo Luminescent Dosimeter (Radiation Badge)
TPI	Temporary Pacemaker Insertion
VSD	Ventricular Septal Defect
1ºPTCA	Primary Percutaneous transluminal coronary angioplasty
4 VA	4 Vessel Angiogram

Cath Lab Structure:

a) Layout

The catheterization lab in hospital shall be a centralized unit with following facilities.

- Procedure Room
- Console Room
- Storage Area
- Cleaning Area
- Soiled Area
- Image Archival Storage Area
- Doctor Duty Room

Note: -The Procedure room and console room shall be adjacent to each other, with storage space as well as the clean and soiled utility areas located within the immediate cardiac catheterization suite area.

Procedure Room: -

Catheterization Lab procedure room will have ample space for the equipment, in room storage and movement of the patient into and out of the room via stretcher or patient bed.

The storage area shall consist of-

In-room storage cabinetry

- Standing height counter space
- A wash basin
- Area with for future expansion
- Phone line
- Computer drops for future installation of terminals

Cath lab being a **HIGH RISK Area**: Ventilation and air flow of this unit shall meet the operating room standards.

There shall also be adequate electrical sockets, gas and suction outlets.

Doors leading to the procedure room shall be extra wide to facilitate easy movement of stretchers

Equipment Storage Space: The equipment storage space in the procedure area shall be lined with an electrical power strip to allow for multiple plug access to keep any battery powered/charging equipment accessible. The equipment storage area should also be configured with cabinetry to hold catheters, guiders, balloons, stents and guide wires

CONSOLE ROOM: The room shall be of adequate size to allow staff movement and required equipment which are

- Image control panels and
- Hemodynamic monitors

The console room shall be separate for separate procedure room in order to avoid distraction or unnecessary traffic during procedures

The floor of the console room shall be elevated for ease of visualization of the field. It will also facilitate the monitor wires and cables to run underneath

The console room shall also have computer drops for further installation of computer terminal and a phone line.

Patient Holding Area: There will be an additional space for patient holding to provide Pre-Procedure Assessment and immediate Post Procedure Care.

There shall be one bed/stretcher or procedure room in this area divided into wall cubicle with facilities like gases system, monitor the patient and documentation of care.

Immediate Post-Procedure Vital sign and Anesthesia Recovery Monitoring shall be done in this area

Clean area: the clean area shall store-

- Scrub suites
- Lead Aprons
- Other stock items

—statutory requirements

Cath lab being an area affluent in radioactive emissions: guidelines laid down by AERB shall be strictly followed and monitor. Cath-lab in-charge along with the radiation safety officer will monitors these requirements.
(Refer to AERB guidelines in Imaging Department Manual)

—Equipments

The cath lab is equipped with DSA (Digital Subtraction Angiography) to perform cardiac catheterization and used in the Catheterization and Peripheral Vascular Catheterization lab

- Cardiac Digital Imaging,
- Angiogram,
- Cath Lab Diagnostic Equipment,
- Cath Lab Imaging System,
- Cath Lab Monitoring System,
- Cardiac Catheterization Monitor,
- Electrocardiogram,

Procedures Available

1) **DIAGNOSTIC PROCEDURES**

a) Coronary Angiography

b) Coronary Angiography with Graft Study

c) Right Heart Catheterization

d) Peripheral Angiography

e) Carotid Angiography

f) Renal Angiography

g) Cerebral Angiography

h) EPS

i) Fractional Flow Reserve (FFR)

j) Optical coherence tomography (OCT)

k) Intravascular ultrasound (IVUS)

THERAPEUTIC PROCEDURES

l) TPI

m) PPI (Single Chamber, dual Chamber & Biventricular)

n) Radio frequency Ablation

o) Radio frequency Ablation with 3D Mapping

p) Heart Failure Device (CRT)

q) ICD Implantation.

r) Valvuloplasty

s) BMV / PTMC

t) Pulmonary Valvuloplasty

u) Aortic Valvuloplasty

v) Angioplasty

2.0 OTHER INTERVENTIONAL PROCEDURES

Coronary Plain Balloon Angioplasty

(1)Coronary Angioplasty with Stent

(2) Coronary Angioplasty with IABP Support

(3) Primary Coronary Angioplasty

(4) Cutting Balloon Angioplasty

(5) OCT Guided Coronary Angioplasty with Stent

(6) IVUS Guided Coronary Angioplasty with Stent

(7) Rotablator Angioplasty

(8) Renal Angioplasty with Stent

Peripheral Angioplasty

(9) IVUS Guided Peripheral Angioplasty

(10) Carotid Angioplasty.

(11) Carotid Angioplasty with distal protection

(12) Embolization with Coil / Gel.

(13) Intra Coronary Thrombolysis.

(14) IVC Filter Implantation.

(15) ASD Device Closure

(16) VSD Device Closure

(17) PDA Closure (Device & Coil).

(18) IAB Insertion. (IABP)

(19) Pericardial Tapping

GENERAL OPERATION PROTOCOLS FOR CATH-LAB

Purpose

To facilitate smooth function of cath-lab, by assigning responsibility to Staff in the cath lab

Responsibilities and Authority

All Cath-lab personnel

Cath Lab Staff Shift Timings

General shift: 9:30 am - 6:30 pm

On call : Any time

Attire

To provide a barrier between personnel & patients to prevent cross infection and bio-medical hazard.

Instructions

1. All personnel entering cath lab should wear the standard attire provided for the cath lab with cap, mask
2. All jewelry (Ring & watches) to be removed prior to hand washing
3. Fingernails should be short & well maintained
4. All personnel working in cathlab should wear TLD radiation monitoring badges thyroid collar & lead apron during procedure

Routine Procedure

Sl. No.	Activity	Responsibility
1.	Every morning the X-Ray generator and C-arm machine is started by the technician as per the work instruction for daily start-up	Technician
2.	Checking the defibrillator	Technician
3.	Preparing Transducer	Technician
4.	Checking the pacing generator	Technician
5.	Checking the Emergency Drugs	S/Nurse
6.	Preparing the necessary Injection	S/Nurse
7.	Setting the procedure trolley.	S/Nurse

Sl. No.	Activity
1.	Staff nurses should check whether cathlab is clean, tidy & ready from House Keeping personnel.
2.	Check the equipments for functional status. Check whether all the items required for cath procedure are ready & available
3.	Register is maintained for checking the inventory, done once weekly
4.	Keep the defibrillator & emergency crash cart ready as per hospital

	policies
5.	Arranging of cath trolleys according to the schedule
6.	Upon due schedule patient is called & checked for pre-procedure protocol
7.	After the procedure patient shifted to recovery area for removal of sheath & proper bandage & care is given to puncture site. Patient endorsed to the concerned staff
8.	Extra materials, which doesn't include in package will be IP issued by Cathlab store in charge.
9.	Cathlab in charge does proper scheduling & recording
10.	Instruments & material used during procedure are cleaned & sent to CSSD
11.	Linen & waste materials are disposed to colour coding bags respectively
12.	Cathlab is kept clean & tidy for the next procedure
13.	Equipment which is not functioning should be informed concerned authority & get it repaired or replaced

Receiving the Patient

Sl. No.	Activity	Responsibility
1.	When the patient is due for the procedure the ward is informed to shift the patient to the cath lab along with case file and reports.	Technician
2.	When patient comes to the cath-lab, the nurse will receive and check the following	
3.	Identification of the patient is done by asking the patients name and checking with patients file and ID band with the consent for the particular procedure.	S/ Nurse
4.	The pre procedure check-list of the cath-lab is Verified along with blood reports.	S/Nurse
5.	Once all the formalities are cleared, the procedure is explained to the patient. Then the patient is taken for procedure. Patient's privacy is maintained throughout the procedure.	S/Nurse
6.	The universal Precaution protocol followed for the entire procedure.	S/Nurse
7.	The details of the patient is entered in digital Panel of the	Technician

	X-Ray machine and the Patient Information Register is maintained with Name, age, sex, Unique No. of every patient, name of consultant who is going to perform the procedure. Patient is put on the monitor.	
8.	The scrub nurse prepares the sterile trolley and also Prepares the patient by cleaning both groins and forearm with Betadine solution and draping with sterile Linen.	Nurse
9.	The scrub nurse assists the Consultant throughout the procedure.	S/Nurse
10.	Throughout the procedure, the technician will operate the machine as per consultant's instructions. Patient's ECG tracing and vitals are monitored during the procedures.	Technician
11.	The circulatory nurse meets the requirement of the patient & the scrub nurse during the entire procedure.	S/Nurse

Post Procedure Care

Sl. No.	Activity	Responsibility
1.	After the procedure the patient is transferred to recovery area and the sheath is removed as per	Technicians

	Consultant's instruction.	
2.	Then a pressure bandage will be applied on puncture site, pedal pulse is checked & marked for further observation.	Technician
3.	In case the patient is unstable, patient is transferred to ICCU for observation.	S/Nurse
4.	The procedure carried out on the patient is documented in the nurse's progress note.	S/ Nurse
5.	Patient will be handed over to concerned ward staff as per Consultant's instruction and instructed to follow the post-procedure orders.	S/ Nurse
6.	The result of the procedure is explained to the patient & relatives by the consultant with confidentiality.	S/Nurse
7.	If therapeutic procedures like PTCA to be done, the concerned ward is informed and CICU bed is booked and patient will be transferred to CICU after the procedure.	S/Nurse
8.	Consent taken for angioplasty and informed customer-care for the deposit and wait for the approval from customer- care to start the procedure.	Technicians
9.	Theater informed for stand-by.	Technician/Staffs
10.	Anesthetist called for stand-by in cath-lab Incase Anesthetist is not available, the ICU Intensivist or ICU registrar is called for stand-by.	Staffs

11.	If conscious sedation is needed the Anesthetist is called.	Technician/ Staffs
12.	After the procedure, consumables and materials which were used for the procedure disposed off according to the colour-coded bags	Staff Nurse
13.	Cath set cleaned & send to CSSD for re-sterilization	S / Nurse
14.	Cathlab Cleaning protocol followed.	S/ Nurse
15.	Recording and storing of the images of the procedure	Technician
16.	Images recorded during procedure will be transferred to workstation , stored in master CD for the back up.	Technicians
17.	Master CD's are labeled with starting and ending cath, numbers, with dates and kept for back up.	Technicians
18.	The hand written reports of the procedure, which are reported by the consultant typed in the computer and print-outs signed by concern consultants given to the concerned ward. One hard copy of report attached in the patients file there in the concerned ward. If CD requires issue to relative and enter in the register.	Technician
19.	Credit party patients original copy given to the customer Care staff, who is handling the process	Secretaries
20.	Reports, which are not collected by the relatives, dispatched to Medical Reports Department.	Ward In charge

Pre-Cath Check List

___1.	Patient name and UHID
2.	Patient ID band
3.	IV Line
4.	Consent
5.	Pre Cath blood investigations
6.	ECG / ECHO / X- RAY
7.	Finance Clearance
8.	Check for Dentures and contact lens
9.	Angiosite preparation
10.	Nil Per Oral

EMERGENCY PROCEDURE

Purpose

1. To facilitate prompt diagnosis of the Cardiac, Cerebral and Peripheral diseases.
2. To provide therapeutic treatments during emergency.

Responsibilities & Authority

Cath lab personnel on call

Procedure

1. On-call duty is arranged by HOD Cath-lab, which is followed.
2. On emergency call, CCU doctor or concerned consultant inform on-call duty staff of Cath-lab.
3. In all emergencies anesthetist and OT is informed for stand-by

STORING AND VERIFICATION OF THE MATERIAL

Purpose

To ensure the availability of necessary materials for the procedures done in the cath lab at all times.

Responsibilities & Authority

HOD cath lab & Material Manager along with store.

Procedure

Sl. No.	Activity	Responsibility
1.	All materials are supplied from the main stores upon raising indent through Material Management system. Used material in packages are made store consumption, rest IP issued to patient Items on consignment received through system and kept in cath-lab. Upon usage the material, the consignment receipt made through system, Stents, coils, pacemakers, emobilization particles, extra balloons and guide wire and guiding catheters are IP issued through system	Cathlab Store in charge Cathlab Store in charge
2.	Medicines are procured from Pharmacy whenever need. Store consumption to be done, which is in package Medicines is not included in package, should be IP issued to the patient	Cathlab Store in charge
3.	Physical stock verification is carried out once in a	Cathlab Store in

	month and checked in the system too. Verified copy is filed	charge
4.	Print out stocks of material verified with physical stock and given to Main-store manager for monthly record	Cathlab Store in charge

Other items used are- Stent and Balloons

Stent shall be discarded as per biomedical waste handling rules after use and other material (Sheats, Guidwires, Catheters, Cath set, Y connectors& Indifilator etc.) & balloons shall be washed and sent to the CSSD for ETO Sterilization.

Balloons & other material' used are reusable and shall be reused for a maximum of 5 times and not more than that. Cath-lab in-charge has to maintain the record about the same.

Diagnostic Catheter, Guiding catheter	Cath lab	5	• Loss of durability
Y Connector	Cathlab	5	• Loss of durability
PTCA guide wires	Cathlab	5	• Loss of durability
Balloons	Cathlab	5	• Loss of durability
Sheath	Cathlab	5	• Loss of durability
TPI lead 6"f	Cathlab	5	• Loss of durability
Turmo and regular guide wires	Cathlab	5	• Loss of durability

2 port manifolder	Cathlab	5	• Loss of durability
Inflation Device	Cathlab	5	• Loss of durability

SAFETY MEASURES FOR CATH-LAB

Purpose

- To identify hazards and prevent the potential risk to the patients and personnel working in cath-lab.
- To be alert in identifying hazardous situation, this is applied to all cath-lab personnel.

Responsibilities And Authority

Cath-lab personnel.

Procedure

Patient Identification

"Right patient for right procedure," is identified by checking his wristband,(name & UHID) his medical file and verifying with patient itself. Refer: PREVENTION OF WRONG PATIENT, PART AND SITE SURGERY.

Patient Observation

1. Patients on Stretchers or on cath tables are never be left unattended. Side rails and /or safety straps are utilized.
2. Adequate number of personnel should be made available while moving patients to & from cath lab.

   Support should be provided while positioning the patient on cath-table e.g. Armrest.

Equipments Safety

Cath Table

1. The cath-lab technician handling the cath table should take care to provide safety to the patient as well as the personnel working round the patient.
2. Periodical checkup of all cath lab equipment done by **PHILIPS** engineers & copy of the report kept in the biomedical department.

Defibrillator

1. Function of defibrillator is checked manually, to determine adequate delivered energy, by charging at 100 joules and firing it, maintaining the strip for 24 hours.

Electrical Equipment

1. Periodical check up by electrical engineers of all electrical equipments should be done.
2. Malfunctioning equipment should be replaced.

Aseptic Technique

The personnel's working in the cath-lab should maintain aseptic technique, while performing the cath-procedure to prevent infection to the patient.

MONITORING OF STERILITY

Purpose

To prevent transmission of infection as per the policies of the hospital infection control committee.

Responsibilities And Authority

1. Nurses and House keeping staff.
2. Over all in charge, HOD – Cath Lab.

Procedure

1. Solution used for hand washing is Chlorhexidine Gluconate Solution/Betadine scrub Surgical Hand Wash for cath lab.

CLEANING

Purpose

To remove dirt, microorganisms from all surfaces in the cath lab in order to reduce the microbial counts to near zero thus reducing the contamination by using the appropriate solution / strength/ techniques/utilities as per the policy laid down by the hospital.

Responsibilities & Authority

All cath lab personnel, housekeeping dept, & cath-lab in- charge.

Procedure

Daily Routine Cleaning

1. This is done prior to procedures, & in-between cases.
2. Using the agent BACILLOCID SPL in the concentration of 2% (25 liters of water/500ml of bacillocid for 24 hrs only.)
3. Ceilings, walls. Equipments, over head light & all accessories in the cath-lab are damp dusted with the same solution.
4. Mops & dusters are color coded to avoid mix up, are washed & changed every week. (Red for inside the lab & blue for outside.)

Cleaning In Between Cases

1. Soon after each case, the entire cath-lab should be emptied of all the Disposable waste, Sharps, linen etc.

2. The linen should be packed in color-coded bags accordingly & waste disposed in separate bags.
3. Sharps & items should be packed in BIOHAZARD bags & containers.
4. All trolleys & furniture should be cleaned.
5. Housekeeping personnel should be supervised during the cleaning of the cath-lab.

Other Areas In The Cath Lab

1. The areas should be vacuumed cleaned once a day.
2. The floors, doors, sinks & other surfaces should be cleaned & disinfected.
3. Every item within the cath lab should be taken care of while cleaning.

Weekly Cleaning

1. All furniture should be removed from the cath lab. Cath lab be vacuumed & cleaned, including AC grills, etc.
2. Terminal cleaning of inside cath lab is done on daily basis, culture swab is taken on monthly.
3. The cath lab should be thoroughly cleaned with disinfectant as recommended by the Infection Control Committee.

RADIATION SAFETY

Purpose

To prevent Radiation hazards to cath lab staff and patients.

Responsibility

Interventional cardiologist & all cath lab personnel

Procedure

The Department of cath lab has taken steps to prevent radiation hazards to the staff and patients.

Cath-Lab Room Design

1. The room of the cath lab is designed under the guidelines of the Baba Atomic Research Center, which is the local governing body for Radiation protection and monitoring (Reference to Annexure- Atomic Energy Regulation Board Manual).

2. There is incorporation of lead within the walls and the doors to prevent radiation leakage.

3. Room size is in accordance with Atomic Energy Regulation Board.

4. The patient waiting area is away from the x-ray room as per the rules of the Atomic Energy Regulation Board.

Equipment

The equipment is checked regularly to look for any malfunctioning, to prevent radiation leakage.

Proper collimators are used to reduce the radiation dose

Patient

1. The Procedure will be taken using proper collimation when applicable to reduce radiation dose to the patient.
2. In case of adult female patients, proper history will be obtained to rule out the possibility of a pregnancy. If there is a need for Procedure in a pregnant patient, efforts are made to protect the fetus by covering the abdomen with appropriate lead shield.
3. No one is allowed in the cath lab during procedure except the patient, doctors, technician & staff nurses.
4. In case of any help needed, the other staff member called & they should wear a lead apron for protection.
5. Cath Lab Staff
6. Lead aprons & Thyroid collar are provided to Cath Lab staff. These will be worn for all procedure involving the use of fluoroscopy.
7. If any family doctors & referring Physicians, who wants to watch the procedure are allowed to watch from the control room that has protected viewer glass.
8. TLD badges- All Doctors and staff exposed to radiation will wear the TLD badge provided to them, compulsorily. These are radiation monitoring badges provided for personal radiation dose monitoring.

a) These are worn under the lead apron, near the chest, at all times on duty.

b) The badges are changed every 3 months. The used badges are sent to Baba Atomic Research Centers for readings and new ones a procured from the same.

c) The readings of all personnel are maintained in a file by the Department.

d) In case of an abnormally high reading, the matter is discussed with personnel and if required further steps to prevent radiation are taken

e) Training of all staff regarding radiation protection is done.

f) Pregnant staff- will be moved out of the work Involving radiation. She will work in other department or away from radiation Zone

9.CLEANING PROCESS:

Policy on Reprocessing Devices

1. **Purpose:**

   To define a set of guidelines for the reprocessing of single-use, or disposable medical devices (SUD)

   Note: This policy does not address the reprocessing of devices that are marketed or labeled as reusable or multi-use devices.

2. **Definitions:**

Single-Use or Disposable Device: A device that is marketed or labelled for single patient use or single procedure use. It is **not** marketed or labelled with the intent of reusing the

device on another patient. The labelling identifies the device as single-use, or disposable and does not include instructions for reprocessing.

Note: Some SUDs are marketed and labelled as non-sterile and include appropriate pre-use sterilization or processing instructions to make the device patient ready. This is not considered "reprocessing".

Open but Unused: An "Open but Unused" product is a SUD whose sterility has been breached or whose sterile package was opened but the device has not been used on a patient. This also includes a device whose packaging has expired as identified by the label on the package.

Reuse: The repeated use or multiple use of any medical device on the same patient or different patients, with applicable reprocessing (cleaning, functionality verification, and/or disinfecting /sterilization) between uses.

Reprocessing: Includes all operations performed to assure that a previously used SUD is clean, sterile and will function as intended by the original equipment manufacturer (OEM). The process includes, but is not limited to, disinfection, cleaning, functional verification, packaging and possible sterilization.

Re-sterilization: The repeated application of a terminal process designed to remove or destroy all viable forms of microbial life, including bacterial spores, to an acceptable sterility level.

3.0 Policy:

3.1 INODAYA Hospital, Kakinada is committed to reprocess SUD's in a manner so as to ensure patient safety and stringent quality controls.

3.2 Items or devices that cannot be cleaned and sterilized or disinfected without altering their physical integrity and function should not be reprocessed. SUD's that

may be reprocessed are those listed below. SUD's not listed cannot be reprocessed and shall be discarded after single use.

S.no	Single Use Device	Department	No. of times reprocessing allowed	2. Discard criteria
3	Diagnostic Catheter, Guiding catheter	Cath lab	5	• Loss of durability
4	Y Connector	Cathlab	5	• Loss of durability
5	PTCA guide wires	Cathlab	5	• Loss of durability
6	Balloons	Cathlab	5	• Loss of durability
7	Sheath	Cathlab	5	• Loss of durability
8	TPI lead 6"f	Cathlab	5	• Loss of durability
9	Turmo and regular guide wires	Cathlab	5	• Loss of durability
10	2 port manifolder	Cathlab	5	• Loss of durability
11	Inflation Device	Cathlab	5	• Loss of durability

3.3 Authority:

Authority for the program is vested with the Infection Control Committee.

4.0 Procedure:

4.2: Reuse Policy

I. **Sorting:**

An initial sort of SUD shall take place to eliminate obvious rejects or unapproved products.

II. **Cleaning:**
An initial clean with Running water, after that multi-enzyme cleaner will be done for 20 minutes in Cath lab . After that it is washed under running water

III. **Testing:**
Verifying that devices perform as intended shall be an integral component of the reprocessing cycle.

IV. Packaging:
All devices shall be packaged, sealed and labeled in Hospital approved pouches for ETO purposes. Prior to packing, a dot with a permanent marker shall be placed on the device, indicating the number of times it has been reused.

V. Sterilization:
Sterilization shall be performed in state-of-the-art ETO gas sterilizer. Every load shall contain chemical and biological indicators that shall be sent to the Microbiology laboratory for testing once a week. All load shall pass PCD before sending it out of CSSD.

VI. Labeling requirements:

Reprocessed cathlab items shall be labelled with number of times the device has been used and date of reprocessing. In addition, a non-repeatable number shall be allocated to the device in order to facilitate recall of the device. Look for indicator changes once received from CSSD, Check Doco Label strip for expiry date before use 3 months from the date of sterilization

VII. SUD Recall:

Any SUD found to be unsafe due to repetitive incidents or due to a report by Microbiology Department or from manufacturers, shall be immediately recalled and disposed off as per hospital policy for waste management.

VIII. Disposal:

Cathlab devices that have been reused for 05 times shall be mutilated and disposed off as per hospital policy for waste management.