1. PURPOSE:

To measure infection rate in CSSD

2. SCOPE:

CSSD is a vital department of the hospital ant is responsible for receiving, storing, processing, sterilizing distributing of medical supplies and instruments to all departments of the hospital. The department will be based on GCP and run appropriate controls to ensure sterile supply of each article thus help in reduction of incidence of hospital cross infection (For more details Refer CSSD Manual)

3. RESPONSIBILITY: CSSD team & support staff

5. PROCEDURE:

5.1 Decontamination of used Devices/ Instruments: Decontamination of soiled instruments must be followed, in order to render the instruments safe for the handling prior to sterilization

5.2 Steps in Decontamination

5.2.1 Transport

a. Used supplies and equipment should be collected and taken to the Decontamination Area in the Sterile Processing Department in a way that avoids contamination of personnel or any area of the hospital.

b. Equipment should be covered and supplies should be moved in covered carts, closed totes or containers, or closed plastic bags.

c. The trays are received in packed condition with a clean linen

d. The linen used is single layered

e. Check list is maintained

- **i.** Name of the tray
- **ii.** Date
- **iii.** Name of the ward
- **iv.** Indicator
- **v.** Initial of the person who receives and issues the the tray

5.2.2 Attire

a. Personnel working in the decontamination area should wear protective clothing, which includes a scrub uniform covered by a moisture-resistant barrier, shoe covers, rubber or plastic gloves, and a hair covering.

b. During manual cleaning processes, when splashing can occur, safety goggles and a face mask should be worn

5.2.3 Sorting

a. Storing Of Unclean Items

b. After receiving all unclean trays are sent to decontamination area

c. Linen: Stored in linen folding area for sending to the laundry

d. Dressing Material-After receiving from stores they are stored in folding area for preparation of dressing material in different dimensions according to the area of usage

e. Sorting begins at the point of use. Handling of contaminated items should be minimized unless the user of the device is already wearing full personal protective attire, such as following care in the operating room. In areas where workers are wearing no or minimal protective attire, sorting should consist only of removing disposable sharps and discarding other single-use items.

5.2.4 Re-Rinsing

a. Soak instruments in multi enzymatic cleanser, this is necessary if you have lumens or other complex designs that are filled with debris or if the devices are very bloody and cannot be rinsed or wiped at the point of use

b. Ultrasonic bath may be used for any type of instruments with bio-soils

c. Instruments must be cleaned with Multi-enzymatic liquid detergents, so that the bio-soils get digested/ neutralized completely and wash out the bio-

burden (most microbes) by washing with clean water. This process renders the instruments clean besides letting off the microbes from grooves/ crevices and lumens. Hence less challenge for the sterilizer as the sterilant reach and penetration becomes better.

d. Multi-enzymatic solution must be changed every three hours, irrespective of the number of instruments being cleaned with it, as its shelf life after activation with water is only 3hrs

e. Instruments after treatment with enzymatic cleanser should be washed under running tap water

f. MSDS for enzymatic cleaner is available in CSSD

5.2.5 Drying

Wipe with cloth

5.2.6 INSPECTION

a. After cleaning, all instruments should undergo inspection before being packaged for reuse or storage. Box locks, serrations, and crevices should be critically inspected for cleanliness

b. Instruments with cutting edges such as scissors, rongeurs, chisels, curettes, etc., should be checked for sharpness. There should be no dull spots, chips, or dent

c. Hinged instruments such as clamps and forceps should be checked for stiffness and alignment of jaws and teeth

d. If any problems are noticed during the inspection process, these instruments should either cleaned again, or sent for repair depending on the problem observed

5.2.7 SORTING

a. According to the departments the trays are sorted

b. After sorting Instruments in each tray are arranged according to the check list

c. Instruments should be dry before packing

d. After the instruments have been cleaned and inspected, they are typically assembled into sets or trays

5.2.8 PACKAGING

a. Instruments are checked for working status and quality

b. Instruments are arranged in the tray according to the check list

c. TST(Class VI) Indicator strip is placed inside each tray

d. Packing is done with double layer cloth

e. Load number, pack name, tray name, date of sterilization are mentioned on the tray with marking tape

f. An external Comply indicator tape is placed on each pack and tray

g. LINEN-Clean linen is packed ,Packing of gown& sheets is done

5.3 CSSD MONITORING

5.3.1 LOAD CONTROL

a. Done by PCD-PROCESS CHALLENGE INDICATOR DEVICE – every load must have passed.

- (Class II) -For vacuum sterilizers-once in a week for the first load empty Load.

5.3.2 EXPOSURE & PACK CONTROL

a. Chemical indicator tapes CLASS VI TST strips both inside and outside every pack. These controls help issuing officer and user identify a sterile article. It ensures that only sterile items enter a sterile area.

b. All the packs sterilized in the CSSD will have indicator strips with the date of sterilization CSSD/ward/department will not hold any steam-sterilized items for more than three days after which it should be re-sterilized the CSSD department will also run biological indicators once a week and the test pack will be checked by microbiology laboratory and record to be maintained.

5.3.3 BIOLOGICAL INDICATORS

a. Biological indicator must be run once every week. Incubated and recorded. These controls help ensure the sterilizing system is working fine, and the items sterilized are free of any spores

b. Gas sterilization (ethylene oxide) once in a week, biological indicator, Bacillus atrophaeus

c. Should indicate adequate sterilization

d. Steam sterilization, biological indicator Geobacillus sterothermophilus- once in a week, should indicate adequate sterilization.

5.4 Central sterilization and supply department

Sterilization of the equipments, instruments, dressing and procedures sets are done centrally in central sterilization & supply department. Only in case of emergency the OT instruments will be sterilized in the rapid autoclave of the OT

5.4.1 Sending instrument sets from OT to CSSD-The sets will be prepared and packed by OT persons and transported to CSSD in the specified perforated steel basket after locking and sealing. The autoclave basket will be sent to OT for subsequent use

5.4.2 Supply of items and return of used items to CSSD-The supplies and return back of the items will be from morning 8 am to evening 8 pm

5.4.3 Supply of sets to wards-CSSD will supply dressing sets, dressing pads, gauze pieces. LP sets, vein section sets, central line sets on replacement basis to all wards from 8am to 8pm

5.5 Instruments cleaning:

All instruments to be collected in centralized way and wash it with under running water and keep the instruments for half an hour and wash it and dry it before packing

5.6 Traceability and Recall procedure

5.6.1 Applicable to CSSD, Theater, Wards, ICCU

5.6.2 To ensure that any product suspected of being substandard is being identified, quarantined, collected, investigated and the findings recorded.

5.6.3 Trays will be recalled in the event of failed quality control measures (Biological and Chemical controls)

5.6.4Traceability

- **a.** The record of all packs decontaminated will contain details of batch number, date, cycle and equipment number.
- **b.** When trays are unloaded after a cycle a record is kept about the batch number in the wash log book.
- **c.** Traceability of batches can be achieved by referring to this record.

5.6.5 Recall

- **a.** The Recall is authorized by CSSD in charge.

b. All Pack receiving areas will be advised verbally, followed by written confirmation that packs of a certain batch are suspect, should not be used and are to be returned to CSSD with immediate effect.

c. Returned trays will be reprocessed for Sterilization.

d. The cause of recall will be investigated; corrective action will be taken and documented.

6. RECORDS

S.NO	Record Name	Responsibility	Minimum Retention Period
1	Recall Register	CSSD In charge	1 year
2	Loading and Unloading Register	CSSD In charge	1year
3	Biological Controls File	CSSD In charge	1 year
4	Chemical Controls File	CSSD In charge	1 year

(For More details refer CSSD Manual)