

GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

No. 20672 /H., Dated the 16.8.17
HFV-MEI-MISC-0039-2017

From

D.N. Sahoo, OAS(SB),
Deputy Secretary to Government

To

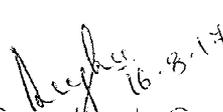
The Director of Medical Education & Training, Odisha, Bhubaneswar
The Director of Health Services, Odisha, Bhubaneswar

Sub: Standard Operation Procedure(SOP) for Central Sterilisation Service Department in
Medical College & Hospitals and District Head Quarters Hospitals of the State.

Sir,

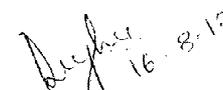
In inviting a reference to the subject cited above, I am directed to send here with
the Standard Operation Procedure(SOP) for Central Sterilisation Service Department in
Medical College & Hospitals and District Head Quarters Hospitals of the State with a
request to communicate the same to all concerned and ensure implementation of the
same in Medical College & Hospitals and District Head Quarters Hospitals of the State.

Yours faithfully,


Deputy Secretary to Government

Memo No 20673 /H., Dated the 16.8.17

Copy along with copy of the SOP for Central Sterilisation Service Department in
Medical College & Hospitals and District Head Quarters Hospitals forwarded to the MD,
NHM, Odisha, Bhubaneswar/MD, OSMC Ltd., Bhubaneswar/Director, AHRCC,
Cuttack/Director, Capital Hospital, Bhubaneswar/All Dean & Principals/Superintendents
of Government Medical College & Hospitals of the State/All CDMOs/CMO, RGH,
Rourkela/Scheme Section/Building Section/ Budget Section/ DC&MA Section/MEI
Section(GF) 05 spare copies for information and necessary action.


Deputy Secretary to Government

STANDARD OPERATING PROCEDURE

CENTRAL STERILISATION SERVICE DEPARTMENT

IN

MEDICAL COLLEGE HOSPITALS

&

DISTRICT HEAD QUARTERS HOSPITAL

**Government of Odisha
Health & Family Welfare Department
Odisha
2017**

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1. PURPOSE :

The purpose of the Central Sterile Supply Department is to make reliably sterilized articles available at the required time and place for any agreed purpose in the Hospital as economically as possible, having regard to the need to conserve the time of users.

The objectives of the department are:

- To provide sterilized material from a central department where sterilizing practice is conducted under conditions, which are controlled, thereby contributing to a reduction in the incidence of hospital infection.
- To take some of the work of the Nursing staff so that they can devote more time to their patients.
- To avoid duplication of costly equipment, which may be infrequently used.
- To maintain record of effectiveness of cleaning, disinfection and sterilization process.
- To monitor and enforce controls necessary to prevent cross infection according to infection control policy.
- To maintain an inventory of supplies and equipment.
- To stay updated regarding developments in the field in the interest of efficiency, economy, accuracy and provision of better patient care.
- To provide a safe environment for the patients and staff.

2. SCOPE : It is a centralized department catering to the sterilization need of the entire hospital.

3. RESPONSIBILITY: In-charge Nurse / Pharmacist under supervision of Head Department of Surgery.

4. POLICY:

i. General Consideration

a. Dress Code:

All staff of the Central Sterile Supply Department is required to follow a strict dress code, no staff is allowed to enter the department with the normal clothes. Prior to the entry of the staff to the department, each an every staff of the Central sterile Supply department is required to change into appropriate departmental dress code with the required personal protective equipments.

b. Receipt and Issue of Packs:

Receipt of items from various point of generation:
From 9.00 am to 1.00 pm.

Issue of sterile packs from the CSSD: From 3.00 pm to 6.00 pm.

However in departments like OT, ICU, Emergency Department etc are exempted from the above mentioned time dimensions since it is difficult to restrict their activity within specific time limit due to the emergency nature of care provided by them.

ii. General Cleaning of the Department :

The aim is to prepare a clean environment for preparing items for sterilization, to maintain the cleanliness in CSSD & to reduce and minimize source of infection. The general working area of the CSSD is mopped everyday including the following area within the CSSD environment.

a. Packing area

- Wipe working table, shelves and trolleys with the recommended disinfectant.
- Wipe the machines with damp cloth.

b. Sterile packs Storing

- Wipe the shelves and walls with recommended disinfectant weekly.
- Mop the floor twice daily and ensure that the mop that is used is only meant for the sterile store.

c. Decontamination area and sluice room

- Wipe the trolleys with recommended disinfectant daily.
- Wipe the machines with a damp cloth daily.
- Mop twice and as and when required with the recommended disinfectant.
- The floors are cleaned thoroughly and polished whenever required.

iii. Generation of Items to Sterilize

The items to be sterilized at the Central Sterile Supply Department are washed (with detergent or chemical as applicable), sorted and packed at the respective point of generation (Wards, ICUs, Emergency Department, OTs, OPDs etc).The Housekeeping staff is responsible for transporting the prepared packs from the point of generation to the Central Sterile Supply Department.

OT linen are send directly to the laundry for cleaning. The laundry washed linen are received , packed and forwarded to the CSSD for sterilization.

a. Process:

The CSSD technician receives the unsterile packs, inspects them to check the status of the item (torn, punctured, cracked etc) and places them at the unsterile packs storing platform. Entry is made in CSSD receipts register including date, time, type of instruments in the pack, its source, procedure used for, and case infected or not, name and signature of person handing over, and name and signature of person receiving it.

The autoclave indicator is pasted in the packs by the CSSD technician and the packs are taken to the main sterilizing area where the sterilizing units are placed .The CSSD technician places the unsterile packs under appropriate temperature and pressure specifications in the sterilizing units. The temperature, pressure specifications and accordingly the temperature period are as follows:

	<u>Temperature</u>	<u>Pressure</u>	<u>Sterilizing Period</u>
Normal Sterilization:	121°C	15 lb	30 minutes
Rapid Sterilization :	140°C	20 lb	20 minutes

At the end of the sterilization period the packs are removed from the sterilizing units, the autoclave indicators are checked to confirm adequate sterilization of the packs, in case the sterilization is not adequate the process is repeated. Packs which are adequately sterilized are stored in the sterile packs storing area. The following procedure is followed for storing the sterile packs:

1. Packs are pushed directly to the sterile store to maintain sterility
2. Sterility of the pack is checked as follows :
 - i. Packs are not torn.
 - ii. No attempts at opening the pack have been made.

- iii. Packs are not wet or dirty.
 - iv. The chemical indicator tape color changes
 - v. If any of the above is detected, the instruments are cleaned, dried and re-packed again.
3. The sterile packs are kept over trolleys to allow them to get cool prior to their arrangement in the shelves. Sterile packs are always handled wearing gloves.
 4. Inventory of sterile packs are checked every day to ensure that they are stored without being distributed to the respective user department.
 5. Once the temperature of the sterile packs falls they are stored in appropriate racks in the sterile packs storing area.

Thereafter the sterile packs are issued to the user departments and an entry of the same is entered in the packs issue register.

b. Return of Unutilized Packs:

In case the packs which are sterilized in the CSSD remains unutilized in the respective user departments for a period of 72 hours, the same are returned to the CSSD department for re-sterilization.

c. Maintenance and Calibration of Equipment

Maintenance of the equipments are done as per the annual maintenance contract (AMC) entered into with the vendor of the respective CSSD equipments. All details in these regard are maintained by the Biomedical Equipments Engineering and Maintenance Department of the hospital.

All equipments used in the department are appropriately calibrated at periodic intervals to ascertain whether they are performing at the expected level and a record of the same is documented in the department as well as with the concerned clerk in the administrative Department of the hospital.

d. Recall Procedure :

Whenever a breakdown in the sterilization system is noted all packs sterilized by the faulty machine is immediately called back from the respective area where the sterile packs has been supplied.

The packs called back are sent for re sterilization using a proper machine.

e. Documents Generated:

1. CSSD receipt register
2. CSSD issue Register
3. Equipment Maintenance Record
4. Equipment Calibration Record
5. Equipment Break down Record.
