



# Suraksha

An OPD Activation Initiative

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During  **COVID-19**  
For Gynaecologists

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## MODULE 1

**Clinic sanitization:**

**Best practice (*OPD/ Labor Room/ ICU's*) -Use  
of Disinfectants**

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# Introduction

- Today we are facing a health crisis of unprecedented proportions. Sadly, a lot of our colleagues have lost their lives while battling this disease.
- As healthcare workers we have many responsibilities. Not only do we try and heal patients but in the process try and keep our staff, other patients in the hospital, ourselves and our family members (when we return home after work) safe from contagion.
- Obstetrics is definitely at high-risk now - body fluids are apt to be abundantly ejected, sometimes at projectile speeds at our faces, clothes, walls and in the environment.

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The first dictum would be to treat each & every patient as a potential COVID one

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## Pre-OPD / Post-OPD precautions

- Nursing Homes have *OPDs, waiting areas, wards, special rooms* & most importantly- *labor rooms & OTs*.
- We have to take care that each area is isolated as much as possible from the others and **thoroughly sanitized at the end of the day**.

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## Pre-OPD / Post-OPD precautions

- Infection spreads through airborne droplets- when a person coughs, sneezes, laughs - a “*gas cloud*” is generated, almost 7- 8 feet around that person. Not only do these droplets transmit the virus but if the air is static, the virus remains in the atmosphere for **>3 hours**.
- These droplets also *get deposited on various surfaces*, remaining alive on:
  - paper: 3 hours,
  - Copper: 3-4 hours,
  - plastic - clothes: > 1 day,
  - stainless steel: >5-7 days.

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# Fomites

- Fomites are the *second most common source of infection*.
- These are often overlooked - *personal belongings like rings, watches, mobile phones, laptops, jewelry*.
- We need also to disinfect table, laptop and other surfaces, door knobs, sinks, faucets, hand held washing taps, elevator doors, inside surfaces, handles and of course our instruments, trolleys, OT and labor tables.

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## Use of mask

- The hospital should provide disposable triple layer masks to those who enter without any protective gear.
- Dispensers with hand sanitizers should be placed on walls, in each room, in waiting areas and in all toilets.
- Encourage people to use these as soon as they enter the hospital. Keep it at the entrance of the OPD and make it mandatory for people to use them when they enter your consulting rooms.
- Pictures with - **NO MASKS, NO ENTRY** should be made and posted at all entrance sites.

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# Use of sodium hypochlorite

- To prevent the spread of coronavirus infection disease 19 (COVID 19), ensure using sodium hypochlorite disinfectant which is an effective & sufficient procedure.<sup>1</sup>

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## Use of water & detergent

- Cleaning with water & detergent before cleaning is an important step in sanitization as cleaning will remove organic and inorganic substances allowing the disinfectant to work.
- **A thorough cleaning followed by disinfection works better** in the removal of viruses causing COVID-19. Depending on factors such as the amount of contaminated body fluid, environmental temperature, and humidity the length of time that SARS-COV-2 (the cause of COVID-19) survives on inanimate surfaces will vary.
- However, the virus is not likely to survive for a long time, once droplets produced by coughing or sneezing.<sup>1</sup>

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## Types of cleansing agents & disinfectants

- For cleaning and disinfection, 1% freshly prepared sodium hypochlorite can be used as a disinfectant.<sup>1</sup>
- The solution should be prepared fresh as per the method of preparation.<sup>1</sup>
- It is recommended to leave the solution for a contact time of at least 10 minutes.<sup>1</sup>
- Places where the use of bleach is not suitable, e.g. metals, alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used to wipe down surfaces.<sup>1</sup>

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## Use of Personal Protective Equipment (PPE) while carrying out cleaning & disinfection work

- Personal protective equipment (PPE) which includes disposable gloves, disposable long-sleeved gowns, eye goggles, or a face shield, and a medical mask should be donned while carrying out cleaning & disinfection work.<sup>1</sup>
- Don't touch your nose and mouth while cleaning or disinfecting.<sup>1</sup>
- **Maintain all “ standard precautions “ when in contact with body fluids**

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# Guidelines for: Cleaning/ Disinfection

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# Guidelines.....

- It is recommended to seal the area visited by a confirmed case of COVID-19 before carrying out cleaning and disinfection of the contaminated environmental surfaces to prevent the spread of infection to an unsuspecting person <sup>1</sup>
- Cleaning staff should be attired in suitable PPE <sup>1</sup>
- All medical equipment (eg; Stethoscopes, blood pressure cuff, thermometers, etc) used for patients care should be cleaned and disinfected as routine disinfection protocol (70% ethyl alcohol) <sup>1</sup>
- Mop all high touch surfaces with available disinfectant and wipe all frequently touched areas (e.g. lift buttons, handrails, doorknobs, armrests, tables, air/light controls, keyboards, switches, etc.) and toilet surfaces with chemical disinfectants and allow to air dry.<sup>1</sup>

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# Guidelines.....

- Freshly prepared 1% sodium hypochlorite solution and 70% alcohol can be used as disinfectant agent<sup>1</sup>
- Clean toilets with 1% freshly prepared sodium hypochlorite solution<sup>1</sup>
- Materials used for cleaning should be discarded into biohazards bags after cleaning and disinfecting each area<sup>1</sup>
- Bucket used for cleaning should be disinfected by soaking in disinfectant or bleach solution or rinse in hot water before filling<sup>1</sup>
- Dispose of the biohazard bags properly upon completion of the disinfection<sup>1</sup>

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## Chlorine based solutions.....

- Chlorine based solutions are prepared by diluting liquid chlorine (1000 mg/L strength) or freshly prepared 1% sodium hypochlorite solution. The appropriate concentration of sodium hypochlorite for disinfecting general liquid biological waste is approximately 1%.
- Household bleach is 5-6% sodium hypochlorite; therefore a 1:5 (v/v) dilution of bleach to liquid biological waste is appropriate.
- The contact time of these solutions should be at least 30 minutes.

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# Frequency of cleaning/ disinfection of surfaces

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## Cleaning & disinfection

- For high touch surfaces like *doorknobs, telephone, call bells, bedrails, stair rails, light switches*, wall areas around the toilet disinfection procedure should be carried every 3-4 hours.
- For low-touch surfaces like walls, mirrors, etc. mopping should be done **at least once daily**<sup>1</sup>

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Area	Disinfectant	Contact time	Frequency
High touch surfaces	Hypochlorite 1%	10 min	2 hourly
Floor	Clean with detergent (soap & water)and then Hypochlorite 1%	10min	8 <sup>th</sup> hourly
Wall, ceiling	Hypochlorite 1%	10min	Once daily
Corridor	Hypochlorite 1%	10min	8 <sup>th</sup> hourly
Linen	Hypochlorite 0.1%	30 min	As on when
Toilet	Clean with detergent (soap & water)and then Hypochlorite 1%		4 <sup>th</sup> hourly
Non-critical equipment (stethoscope, BP cuff, thermometer etc)	Alcohol wipes		After each use

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## General precautions after completing cleaning/ disinfection procedures

- Disposable PPE should be discarded immediately in a double-bagged biohazard bag, which should then be securely sealed and labeled after cleaning activities are completed. Disinfect the eye goggles after each use<sup>1</sup>
- Maintain hand hygiene after each piece of PPE is removed by washing your hands with water/alcohol-based hand rub immediately, following completion of cleaning<sup>1</sup>
- Staff responsible for cleaning should be made aware of the symptoms and should report to their occupational health service if they develop symptoms<sup>1</sup>

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Cleaning/ disinfection in:  
OutPatient Department (OPD)/ Intensive  
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Labor room

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Outpatient department (OPD) <sup>1</sup>	Intensive care unit (ICU) <sup>2</sup>	Labor room <sup>2</sup>
Deep cleaning at least twice a day	Doors of the ICU should be closed all time and handle should be cleaned with a 1% hypochlorite solution.	Make use of 70% isopropyl alcohol or 1% sodium hypochlorite solution for surface cleaning and disinfection.
Spray all areas with 0.5-1% Na hypochlorite	High touch areas to be cleaned by a nursing assistant at the beginning of each shift.	The contact time of these solutions should be at least 30 minutes.
Mopping all high touch surfaces with 1% Sodium hypochlorite	Bed rails of ICU should be cleaned with a 1% hypochlorite solution hourly.	Floors, walls, and object surfaces should be wiped 2-3 times a day.
Flooring cleaning with soap and water	High touch surfaces should be mopped at least every 2-4hrs with 1% sodium hypochlorite.	Sterilize the air by fumigation, plasma air sterilizers, or ultraviolet lamps.
Repeat the procedure at any time when there is contamination.	Repeat the procedure at any time when there is contamination.	After a procedure, the biological fluids, blood, and fecal matter should be treated with 1% sodium hypochlorite solution before disposal.

Outpatient department (OPD) <sup>1</sup>	Intensive care unit (ICU) <sup>2</sup>	Labor room <sup>2</sup>
	Doors of the ICU should be closed all time and handle should be cleaned with 1% hypochlorite solution.	For a large fluid spill, sodium hypochlorite powder should be spread over the spill and left in contact for 30 minutes before swabbing or cleaning it.
	High touch areas to be cleaned by nursing assistant in the beginning of each shift.	Reusable medical equipment, linen, fabric, and clothes should also be treated with sodium hypochlorite before they are processed further.
	Bed rails of ICU should be cleaned with 1% hypochlorite solution hourly.	
	High touch surfaces should be mopped at least every 2-4hrs with 1% sodium hypochlorite.	
	Repeat the procedure at any time when there is contamination.	



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