

# **Summary - Infection Control Protocols Implemented**



## ARMY COLLEGE OF DENTAL SCIENCES

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NAAC Accredited 'A' & Certified ISO 9001 : 2015 & ISO 14001 : 2015

### **Summary - Infection Control Protocols Implemented**

Army College of Dental Sciences and research, Secunderabad intends to minimize the risk of spread of infection to provide high quality health care for patients and a safe working environment for those who work in health care setting. The Institute focuses on educating/training its staff and students about various infection control protocols by conducting educational programs at regular intervals. Special attention is paid towards the clinical attire and conduct of faculty, students, and auxiliary staff.

Hand transmission is one of the most important methods of spread of infectious agents in health care facilities. Training in hand hygiene measures is regularly carried out and posters are displayed appropriately to reinforce the correct technique of hand hygiene. Surgical hand scrub with medicated soap containing chloro-xyleneol (Dettol) is practiced for 5 minutes followed by surgical hand-rub with alcohol-based formulations (Ethanol 70 % V/V) for 30 seconds, is practiced for the prevention of infection. Standard protocol for infection control includes appropriate use of barrier protection and use of personnel protection equipment (use of single use gown/apron, gloves, face mask, and face shield). Along with adherence to principles of asepsis, operative instruments/equipment undergoes disinfection after ultrasonic cleaning & sterilization using steam sterilization (autoclaving) before and after use. Chemical sterilization is the main stay in disinfection and sterilization of heat labile instruments. There are 2 types: Liquid Glutaraldehyde 15.2% (Korsolex) & Dry (Formalin tabs 10% conc.). To get 5% liquid for chemical sterilization, 5 parts of Korsorex rapid are mixed to 95 parts of clean RO treated tap water. Contact time for disinfection under clean/dirty conditions is 5 minutes and 10-15 minutes respectively. Contact time for total sterilization is 4 hours. After removing from the solution instruments are washed with saline and towel (sterile) dried before use. Formalin tablets 10% conc. are employed for storage of the unwrapped instruments & handpieces, tubing etc., in airtight containers.

Cleaning of housekeeping surfaces (e.g., floors, walls, tabletops) on a regular basis is done using detergent and water utilizing single dip, unidirectional technique using a floor mop. Disinfection of environmental surfaces (e.g., dental chairs, spittoon, light handle, instrument tray surfaces) is done on a regular basis using 1% sodium hypochlorite solution in disposable wipes after thorough cleaning of the surfaces with clean cloth. Periodic Cleaning of walls and window curtains in patient-care areas when these surfaces are visibly contaminated or soiled is also carried out using phenolic (Carbolic acid 1-2%)\_disinfectant. Decontamination of mop heads and cleaning clothes is regularly practiced preventing contamination by first immersing in detergent solution and scrubbing followed by fully immersing in boiling water then in disinfectant solution containing chloroxylenol (Dettol) solution.

The operative rooms are routinely fumigated. Formaldehyde 10 % and Potassium Permanganate 4% solution is freshly prepared and deployed using a fumigator machine for fumigation of operation theatres, minor OT, ward, on a weekly basis. Outpatient clinics are fumigated daily. The doors are sealed and left unopened for 24/12

hours respectively. Before and after any OT procedures, the overhead lights, equipment's, furniture, shelves, and floor are wiped and disinfected with 1% sodium hypochlorite solution.

In case of blood spills and other potentially infectious materials, first retrieval of glass pieces (if any) is done carefully with using forceps wearing utility gloves. The broken items are discarded into the puncture proof container (Blue bin). 0.5% freshly prepared sodium hypochlorite is poured and left in contact for 30 minutes, all soiled absorbent material and contaminated swabs are discarded into a designated waste container (yellow bin: pathological waste). Subsequently, the area is cleaned with gauze or mop with water and detergent with gloved hands.



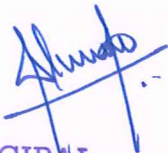
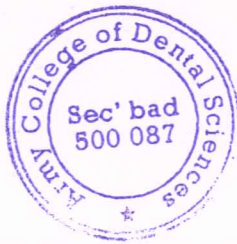
  
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Fig 1 Hand rub with Alcohol Based Formulation

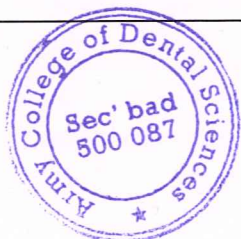


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Fig 2 PPE suit worn by the doctor

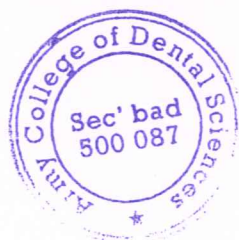
Fig 2 Personnel Protection Equipment: Face Mask, Face Shield, Gloves and Coverall Suit

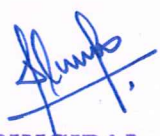


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Fig 3 Aseptic Surgical Technique to Protect the Operator and the Patient and Minimize the Risk of Infection



  
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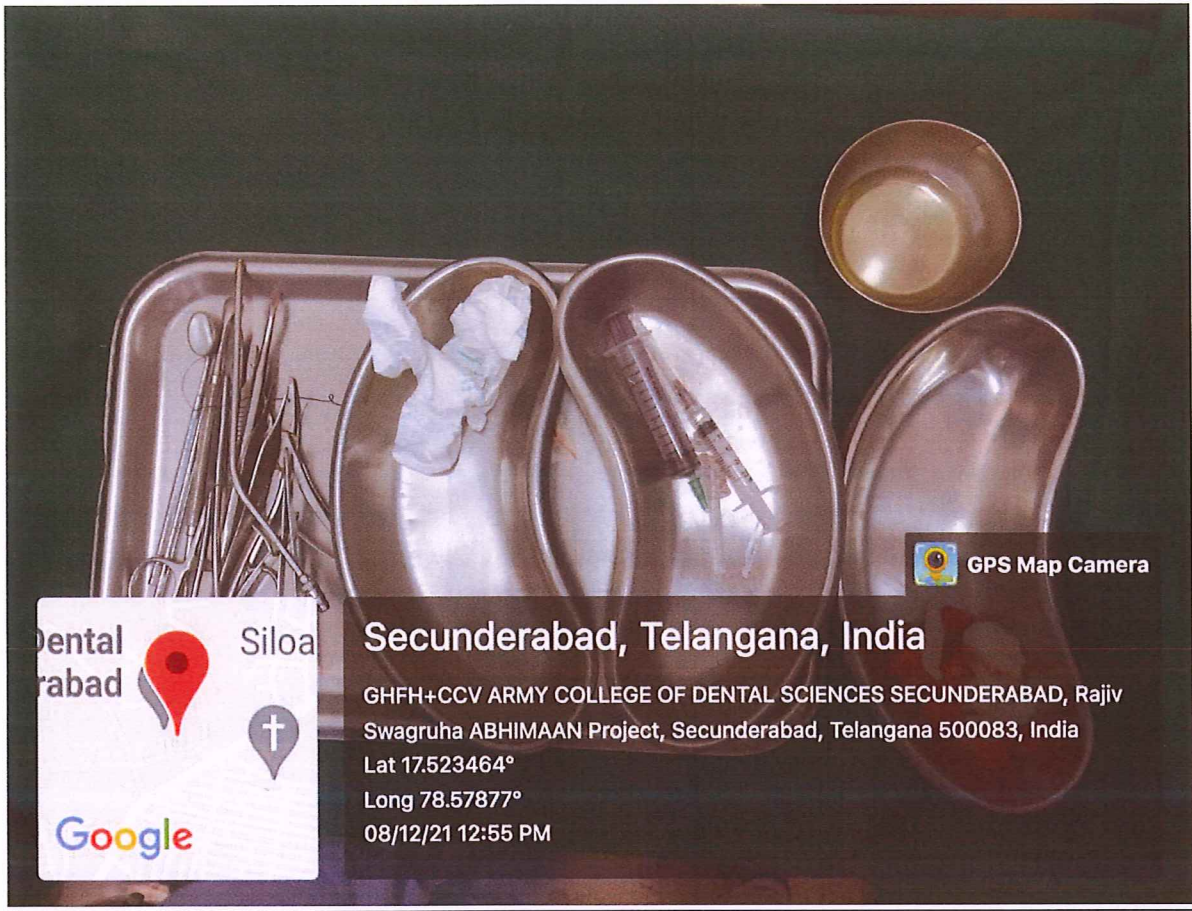
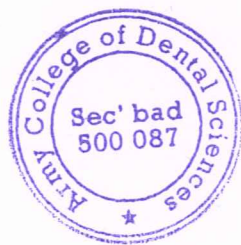



Fig 4 Segregation of Waste After Usage



  
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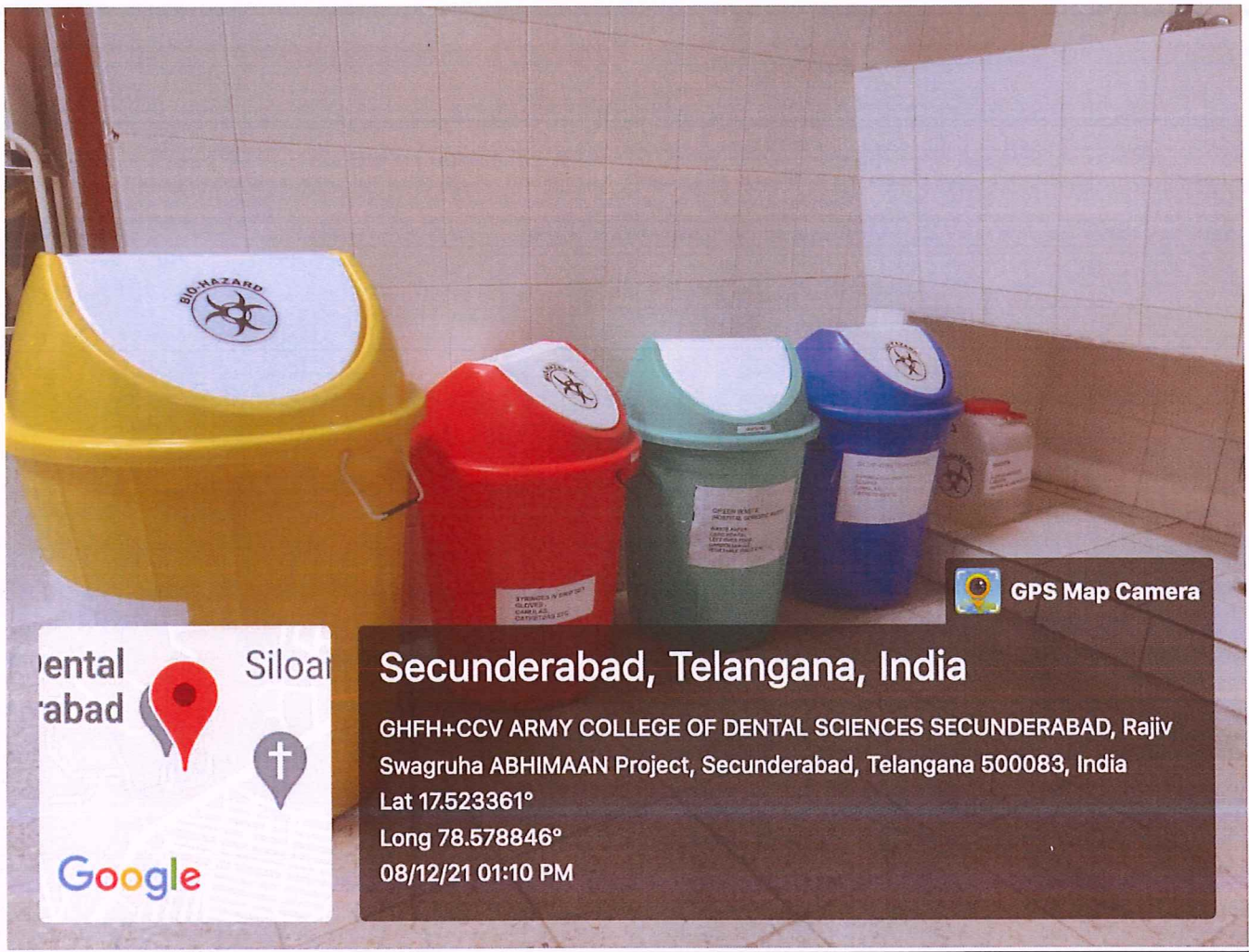
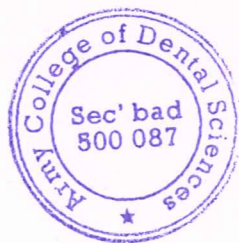


Fig 5 Disposal of Biomedical Waste and Sharps in Segregated Puncture Proof Bins



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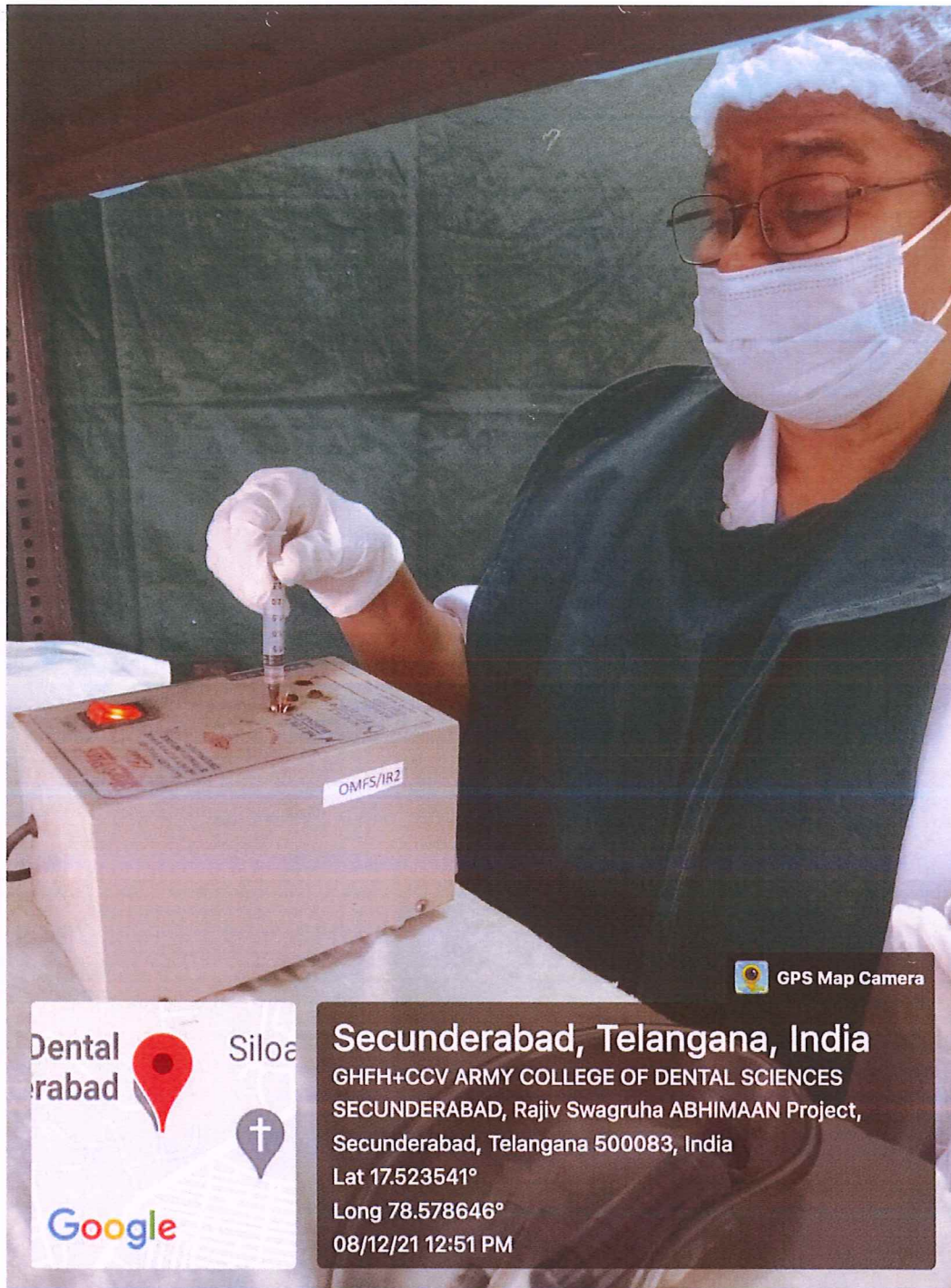
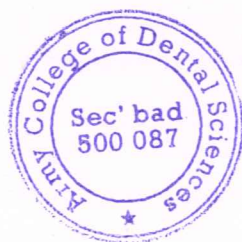


Fig 6 Safe Disposal of Needles Using Needle Burner to Prevent Needle Stick Injuries



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Fig 7 Physical Scrubbing of the Instruments



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Fig 8 Use of Autoclave for Steam Sterilization



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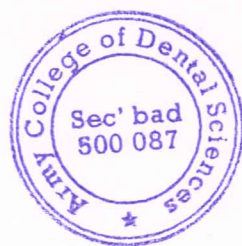




Fig 9 Use of Fumigator to Disinfect the Clinic Area



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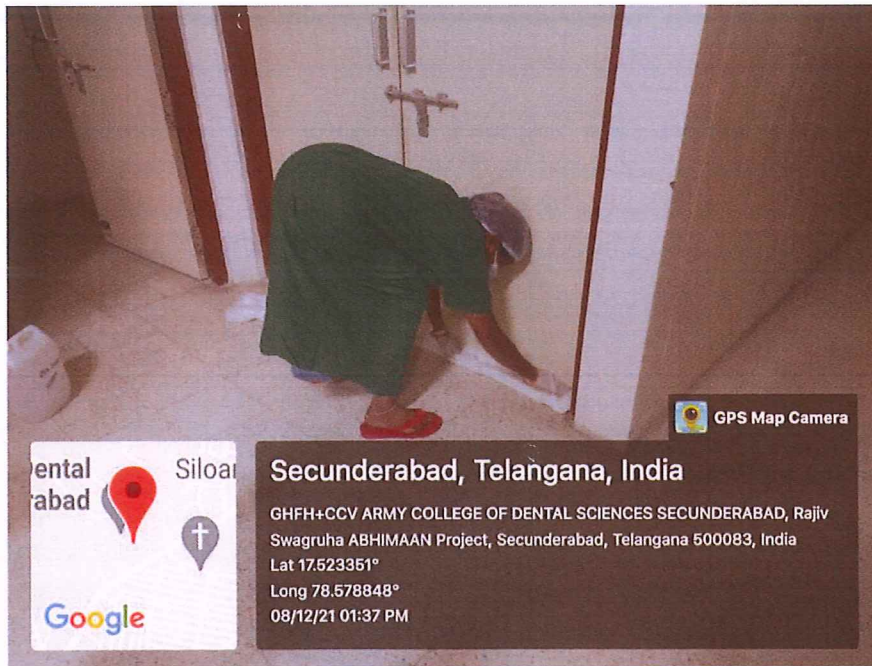
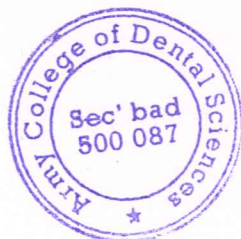


Fig 10 A Sealing of Doors for Adequate Disinfection



Fig 10 B Sealing of Doors for Adequate Disinfection



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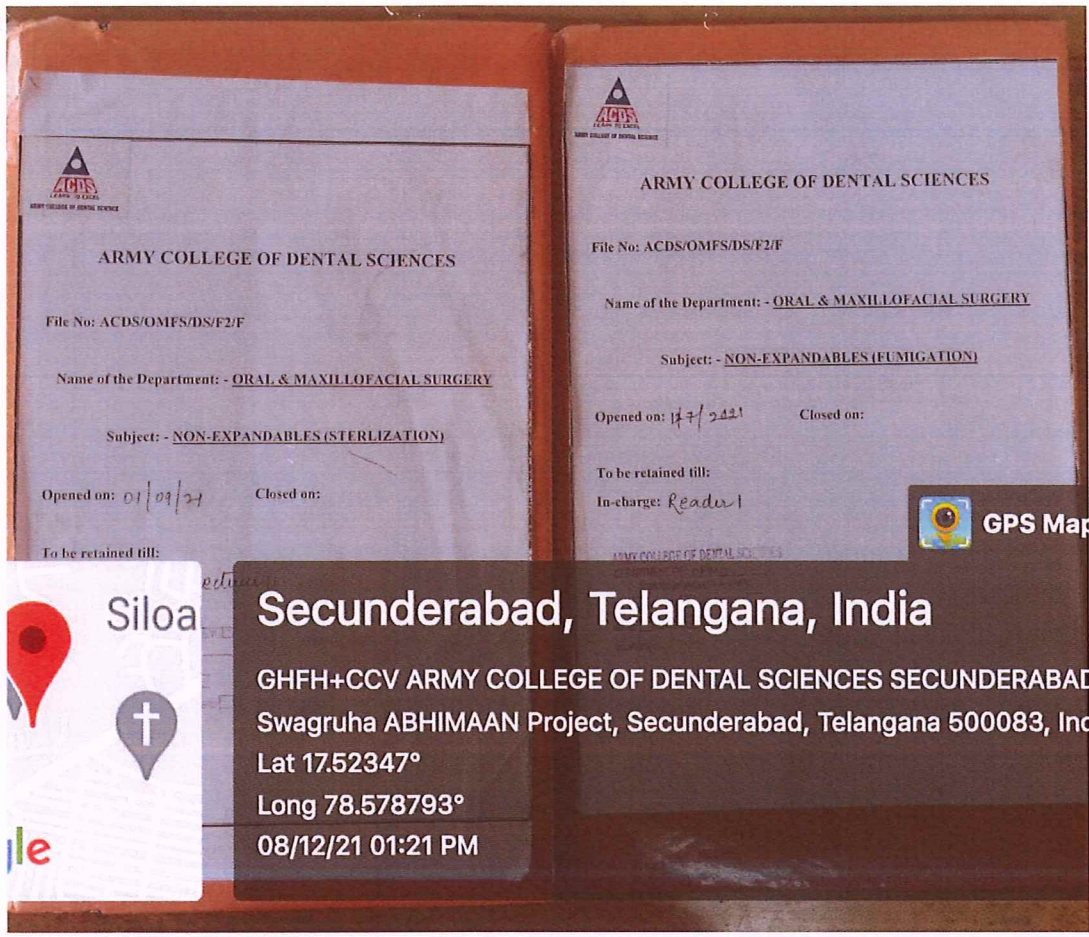
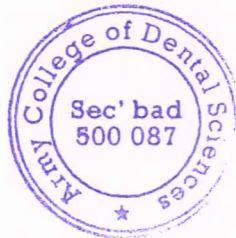


Fig 11 Maintenance of Sterilization and Fumigation Record




  
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Fig 12 Education Program for Doctors, Staff Nurse, Students and House Keeping Staff



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