

performed within the hospital. CSSD staff must set clearly written policies & procedures that guide collections and transportation, decontamination and disinfection, cleaning and sterilization, storage of sterile items and mechanism for recall of sterile items in case of failure of sterilization process. The policy must be scientifically sound, reviewed and approved by the infection prevention and control committee. All hospital concerned staff must be acknowledged by CSSD policies and procedures and the hospital must ensure proper implementation of the approved policies.

IPC.19 Central sterilization service staff are qualified by education, certification, or training in the field of sterilization and disinfection.

IPC.19.1 The supervisor of the central sterilization service has experience, knowledge, and certification in sterilization practice and is registered with the Saudi Commission for Health Specialties as a central sterilization service technician.

IPC.19.2 Central sterilization service staff are qualified by education, certification, or training in the field of sterilization and disinfection.

IPC.19.3 Staff are able to explain the sterilizers' operation and to name the main parameters to be followed: sterilization time, temperature, and pressure.

IPC.19.4 Proper sterilization parameters are recorded.

IPC.19.4.1 Records include load list, daily function test, spore test results, lot number, and name of operator.

IPC.19.4.2 Sterilization records are kept for one year to allow inspection.

IPC.19.5 Sterilization time and temperature cycles used are in accordance with the manufacturer's guidelines.

Standard Intent:

To ensure efficient and quality sterilization services, the process should be conducted by qualified CSSD Staff either by experience, knowledge and certification in the field. This information should be documented in CSSD staff personnel file and assessed during CSSD staff interview. The hospital must strictly have monitored the sterilization process using, physical, chemical and biological indicator and the results of monitoring should be recorded and kept to be supervised by infection control team.

IPC.20 The central sterilization service design supports its functions.

IPC.20.1 There is a uni-directional flow of traffic from dirty to clean areas (i.e. decontamination area, packing, sterilization, storage areas).

IPC.20.2 Traffic control signs are in place.

IPC.20.3 The decontamination area is under negative pressure with exhaust to the outside; the clean area is under positive pressure with at least ten air cycles/hour.

IPC.20.4 There is complete physical separation between the decontamination area, the area where clean items are packaged and sterilized, and the area where sterilized items are stored.