IPC.17.1.7 Quality tests (strips or other method) used to confirm the stability of the disinfectant are performed every day and records are maintained.

IPC.17.2 For bronchoscopy, the following is applied:

IPC.17.2.1 Bronchoscopy is performed in a room with negative air pressure and at least twelve air changes per hour. Personal protective equipment is available including N-95/N-99 masks.

IPC.17.2.2 Cleaning of the bronchoscopes begins immediately after the procedure to prevent drying or hardening of organic debris.

IPC.17.2.3 Bronchoscopes are disinfected as per manufacturer's recommendation.

Standard Intent:

Disinfection process should take place in a centralized sterilization area or, with proper supervision, in other areas of the hospital, such as an endoscopy unit. Cleaning and disinfection process should maintain the same standards wherever they are performed in the hospital**.** All reprocessing should be carried out by trained staff, in a disinfection designated area with traffic control in place and using approved disinfectant. Cleaning and disinfection should be done according to hospital policy and procedures considering manufacture's recommendations. The hospital should ensure that the adequate facilities for reprocessing of contaminated items are available.

IPC.18 The hospital ensures efficient and quality sterilization service.

IPC.18.1 The hospital provides central sterilization service.

IPC.18.2 There are policies and procedures for the central sterilization service.

IPC.18.2.1 The policies and procedures are consistent with scientific guidelines.

IPC.18.2.2 The policies and procedures are reviewed and approved by the infection prevention and control committee.

IPC.18.2.3 There are policies and procedures on transportation, cleansing, decontamination, disinfection, sterilization, storage, and recall of sterile items.

IPC.18.3 Contaminated items are transported in safe closed containers with biohazards sign from the outside to prevent spills or aerosolization of infectious fluids.

Standard Intent:

Infection risk is minimized with proper cleaning, disinfection, and sterilization processes, of surgical supplies and other invasive or noninvasive patient care equipment. To ensure the proper method of collections, decontamination, cleaning and sterilization, these services must be centralized and maintained the same standards wherever they are

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 were sterilized items are stored.