

Standard Intent:

To ensure proper implementation of infection control practices and to minimize the risk of infection, CSSD construction design must have a complete separation between decontamination (should be kept under negative pressure) and clean areas (should be kept under positive pressure with at least 10 air cycle/hr), considering CSSD work flow started at decontamination area to ensure unidirectional flow of traffic with traffic control signs in place.

IPC.21 The central sterilization service has measures to ensure staff safety and proper function.

- IPC.21.1 Personal protective equipment are available and used during decontamination (heavy-duty gloves, waterproof aprons, facemask, plastic durable boots and goggles or face shield).
 - IPC.21.2 If manual cleaning is performed, at least two sinks are used, one for soaking and cleaning and one for rinsing before the final wash.
 - IPC.21.3 The cleansing brushes are disposable. When the cleansing brushes are auto-clavable, the manufacturer's instructions are followed and the brushes are replaced when needed.
 - IPC.21.4 Staff inspect instrument after cleansing to ensure that they are in good practical condition and fit to be used.
 - IPC.21.5 Sterilizers are in good working order. Instructions on sterilizers' use are available.
 - IPC.21.6 Preventive maintenance records for sterilizers are available and clearly show the maintenance history of the sterilizers.
 - IPC.21.7 Chemical indicators are used in every package. Biological indicators are used at least weekly. Records of results are kept for one year.
 - IPC.21.8 Use of flash steam sterilizer is limited to urgent situations which preclude use of other sterilizer methods. This use is closely monitored and recorded. Policies in this regard are reviewed by central sterilization service staff.
 - IPC.21.9 Where ethylene oxide is used, safety and health hazards are addressed.
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Standard Intent:

To ensure CSSD staff safety, to minimize CSSD occupational risk, and to ensure that the CSSD function comprehensively monitored, the sterilization process should be monitored and tested at different steps, the process should also document and can be presented (sterilization records, spore and results, biological indicator results, others records). All required types of personnel protective equipment must be available and appropriately used considering the type of work area. Hospital must ensure proper functioning of autoclaves and regularly maintained PPM. The use of flash sterilizer by the hospital should be limited to clearly written policy and regularly monitored process by OR and CSSD staff.
