



**OPERATION THEATRE
CLEANING AND
DISINFECTION POLICY
AIIMS KALYANI
[Standard Operating Procedure]**



Prepared by HICC - AIIMS Kalyani



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1. PURPOSE

The purpose of this SOP is to educate, train and monitor the effective cleaning and disinfection of operation theatre in AIIMS Kalyani and to prevent the occurrence of surgical site infections.

2. SCOPE

Cleaning and disinfection is a critical component of any infection prevention program. Improvement in cleaning and disinfection practices can prevent pathogen transmission and thereby reduce surgical site infections. This SOP, will provide practical guidelines for all health care workers.

3. RESPONSIBILITY

It is the duty of Hospital Infection Control Committee to train and guide doctors, residents, nursing staff and hospital employees, time to time and instruct to follow this SOP for effective cleaning and disinfection of operation theatre in AIIMS Kalyani and to prevent the occurrence of surgical site infections.



I. ZONING OF OPERATION THEATRE

A. Zone 1: Protective area
B. Zone 2: Clean area
C. Zone 3: Sterile area
D. Zone 4: Disposal area

ZONE 1: THE PROTECTIVE AREA

A. SCOPE:

- Includes Reception area, waiting area, Trolley Bay and Changing rooms
- Act as the central control point (front desk)
- To monitor the entrance of patients, personnel, and materials
- Traffic is not limited

B. ATTIRE & ETIQUETTES:

- Street clothes are permitted

ZONE 2: THE CLEAN AREA

A. SCOPE :

- Includes scrub sink area, pre-operative area, post-operative area

B. ATTIRE & ETIQUETTES:

- Team members must enter a clean area in surgical attire
- From here, one must exit to protective zone only after removing the surgical attire and shoe covers.

C. RULES FOR VISITORS

- People coming in to the Zone 2 for a brief time for a specific purpose should
 - cover all head and facial hair



- put on surgical scrubs or a single-use coverall suit
- Examples of visitors include
 - Consultation doctors from other specialties
 - Parents and family of patients
 - biomedical engineers
 - Students & Law enforcement officers

ZONE 3: THE STERILE AREA

A. SCOPE:

- Operating rooms (OR)

B. ATTIRE & ETIQUETTES:

- Team members must wear hospital laundered surgical scrub attire
- Head and facial hair to be covered
- Bare below elbows (BBE) policy to be followed - No religious forearm covering sleeves, no finger rings, bangles, other ornaments or bands in forearm and hands (below elbow). In case of religious Hijab, or turban, either hospital provided headgear (non-ornamental prototype hijab headgear) must be worn and discarded before leaving, or sterile cloth drape provided from hospital to be worn over and above the hijab or turban.

ZONE 4: THE DISPOSAL AREA

A. SCOPE:

- Includes:
 - Dirty utility area
 - Disposal area



SIGNAGE FOR DEMARCATION OF ZONE

FROM PROTECTIVE AREA (ZONE 1) TO CLEAN AREA (ZONE 2)

A broad yellow line on the floor should be there to demarcate between protective and clean area



FROM CLEAN AREA (ZONE 2) TO STERILE AREA (ZONE 3)

A broad red line on the floor should be there to demarcate between clean area and sterile area



FROM CLEAN AREA (ZONE 2) TO DISPOSAL AREA (ZONE 4)

A broad black line on the floor should be there to demarcate between clean area and disposal area





II. CLEANING AND DISINFECTION OF OT

- Cleaning is a pre-requisite for effective disinfection.
- Before disinfecting, use a cleaning product to remove all organic material and soil

A. SUPPLIES AND EQUIPMENTS FOR CLEANING

Surface cleaning:

- Workman's gloves – reusable heavy-duty rubber gloves
- Microfiber cloth (preferably avoid cotton clothes to prevent rotting and lint)
- Different colored cloths to allow color coding: for example, white / Gray color for cleaning and red color for disinfecting
- Disinfectants: High level disinfectant for critical surfaces – described later

Floor cleaning:

- Mop heads or microfiber cloths
- A cleaning cart or trolley with three different colored buckets
- Wet floor/ Caution display signage
- Rubber wiper / scraper / pusher to remove excess water
- Liquid soap concentrate - Soap based neutral pH low foam cleaning liquid concentrate
- Disinfectant: Quaternary Ammonium Compound based – described later

B. FREQUENCY OF CLEANING

CLEANING SHOULD HAPPEN AT 5 TIMES:

1. When preparing a new operating theatre – <i>Inaugural cleaning</i>
2. Every day, before surgery begins – <i>Morning Cleaning</i>
3. Between patients – <i>Inter-case cleaning</i>
4. After the last operation of the day (known as terminal cleaning) – <i>Evening cleaning</i>
5. Deeper cleans are carried out once a week (Sunday) – <i>Weekly Deep Cleaning</i>



All areas must be cleaned:

- Zone 1: inaugural cleaning, morning cleaning, weekly deep cleaning
- Zone 2, Zone 4: inaugural cleaning, morning cleaning, evening cleaning, weekly deep cleaning
- Zone 3: inaugural cleaning, morning cleaning, inter-case cleaning, evening cleaning, weekly deep cleaning

C. PROTOCOL FOR CLEANING AND DISINFECTING OPERATING ROOMS

Floor cleaning and disinfection

The three-bucket system

1. First, mop the floor (or wipe the surface) using a detergent and water solution (in bucket 1) to get rid of any dirt
2. Second, rinse the mop using plain water (in bucket 2)
3. Third, once the floor is dry, mop it using disinfectant solution (in bucket 3)



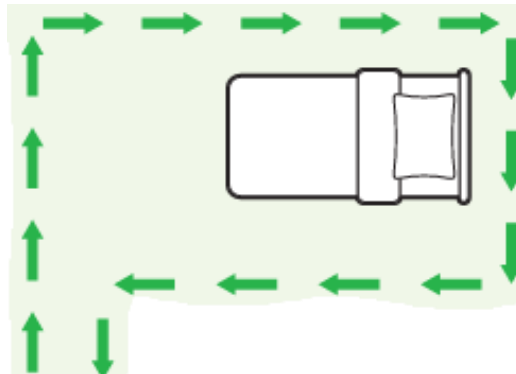
Critical Surface cleaning and disinfection:

- Wipe the surfaces with wet microfiber cloth using High level disinfectant
- The surface should be free from visible dirt or other items that might interfere with the action of disinfection

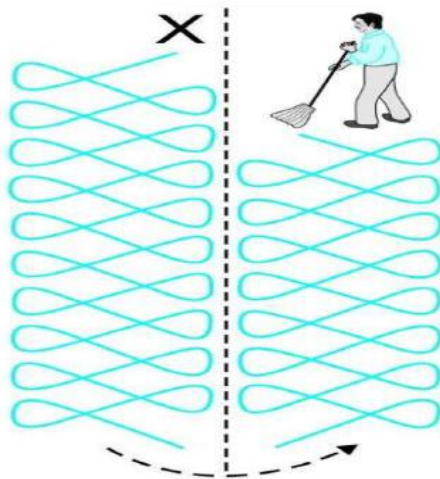


Standard methods of cleaning:

- Proceed from **cleaner to dirtier areas**
- Morning cleaning should be from OT Table to periphery
- Inter-case and evening cleaning should be from periphery to OT Table
- While cleaning floor, proceed in a systematic manner to avoid missing areas—for example (clockwise manner)



- Mop in a figure-eight pattern with overlapping strokes



- Clean **low-touch surfaces before high-touch surfaces**
- Proceed from **Top to Bottom** to prevent dirt and microorganisms from dripping or falling and contaminating already cleaned areas. Examples include:



- cleaning bed rails before bed legs
- cleaning environmental surfaces before cleaning floors



General surface cleaning process

1. Thoroughly wet (soak) a fresh microfiber cloth in soap and water
2. Fold the cleaning cloth in half until it is about the size of your hand
3. Wipe the surfaces
4. Regularly rotate and unfold the cleaning cloth to use all of the sides
5. When all of the sides of the cloth have been used or when it is no longer saturated with solution, dispose of the cleaning cloth or store it for reprocessing

Morning Cleaning

Surfaces to be disinfected

- Furniture
- Surgical lights
- Operating bed and its attachments
- Stationary equipment
- Patient transfer devices
- Anesthesia trolley
- Compressed gas tanks
- X-ray machines
- Lead gowns



Additional Guidance / Description of Cleaning

- Prepare fresh disinfectant solution according to manufacturer's instructions
- Wear a clean gown, cap, mask and clean utility gloves
- Once the operating theatre is cleaned and disinfected, keep the door closed for 10–15 minutes with ventilation equipment turned on
- Prepare waste bins by inserting color - coded waste collection bags

Inter-case cleaning

Surfaces to be cleaned and disinfected

- Operating table from top to bottom
- High-touch surfaces (e.g., light switches, door knobs, surgical lights, tourniquet cuffs) outside surgical field
- Portable noncritical (e.g., compressed gas tanks, x-ray machine) equipment
- Operating microscopes and operating lenses
- Any surface visibly soiled with blood or body fluids
- All surfaces and noncritical equipment and the floor inside the surgical field (up to 1.5 meters away from the table)
- Change the colour coded bags in waste bins

Additional Guidance / Description of Cleaning

- Keep OT door closed
- Remove all used linen and surgical drapes, waste, for reprocessing or disposal.
- After the removal of linen and drapes etc., remove gloves and clean hands. Wear a different set of gloves
- Do not clean microscopes or lenses using soapy water, as soap residue can damage the lens. Use a soft, non-abrasive cloth for the lens and a cloth dampened with 70% alcohol or disinfectant for the microscope (as per the manufacturer's instructions), including the handles.



Evening cleaning

Clean and disinfect the following

- Any surface visibly soiled with blood or body fluids
- Lights and ceiling-mounted tracks
- All door handles, push plates, light switches and controls
- All exterior surfaces of machines and equipment (e.g., anesthesia carts, compressed gas tanks, X-ray machines, Lead gowns)
- All furniture including wheels
- Telephones and computer keyboards.
- Scrub sinks and surrounding walls
- The entire floor

Additional Guidance / Description of Cleaning

- Spot-check walls for cleanliness.
- Mop floor, making sure the OT Table is moved and the floor is washed underneath; move all furniture to the center of the room and continue cleaning the floor; apply a sufficient amount of disinfectant/ detergent to ensure that the floor remains wet for 5 minutes; use a fresh mop/ mop head and fresh solution for each room.
- Replace all furniture and equipment to its proper location.
- Collect and remove all soiled linen.
- Collect and remove the biomedical waste.
- Wash the colour-coded bins, dry them.

Weekly Deep Cleaning (once a week (Sunday))

Surfaces to be cleaned and disinfected

- Shift all movable equipment and materials out of the OT
- Remove all articles from shelves and wipe all surfaces thoroughly using soap and water.
- Wash the floor using soap and water and wipe clean with disinfectant



- Wash and dry instrument trolleys, including the wheels and wipe clean with disinfectant
- Clean low-touch surfaces not cleaned every day (unless visibly soiled) like walls, doors, insides of cupboards

Additional Guidance:

- Sunday duty roster of nurses has to be made to supervise cleaning

Scheduled cleaning:

- Twice yearly:
 - Ceilings, including air conditioning and ventilation grills/vents and light fixtures

Cleaning and Disinfection of Mops, Buckets and Trolleys:

- Wear utility gloves when performing this cleaning and disinfection
- If the mop/bucket/trolley is used for multiple cleaning sessions during the day, it should be washed and disinfected before each cleaning session is begun
- Wash the buckets with soap and water using a brush. Rinse to remove all soap.
- Mops should be laundered in hot water (70-80° C) or soaked in clean water with bleaching powder 0.5% for 30 minutes. Wash with detergent and water to remove the bleach.

D. CLEANING STAFF - ATTIRE/GROOMING

- Keep sleeves at or above the elbow to not interfere with glove use or hand hygiene.
- Wear rubber-soled closed toe shoes or boots, to prevent accidental injury and exposure to cleaning chemicals, dirt, or bacteria.
- Remove wristwatches and hand jewelry before starting cleaning tasks
- Keep fingernails short and free of nail varnish
- Use heavy duty rubber gloves while performing terminal cleaning and during preparation of disinfectant products and solutions
- Disposable plastic aprons should be worn for all cleaning tasks



E. STAFF TRAINING

Staff involved in cleaning and disinfection of OT should be periodically trained in the following

1. Various aspects of Standard precautions like:
 - Proper use of PPE
 - Hand hygiene
 - Biomedical waste segregation
 - Needle stick Injury prevention and management
2. Blood spill management
3. Use of disinfectants in correct concentration, correct method and for appropriate purpose. In case of chemical exposure-inform OT Sister in charge and take action according to MSDS (Material Safety Data Sheet) of the chemicals
4. Maintaining checklist and cleaning log sheet

F. CLEANING AND DISINFECTANT AGENTS – preferred formula -

Disinfectant/Cleaning agents	Purpose
Neutral soap based low foam floor cleaner solution (Lizol / Domex / Teepol Neutral Floor cleaner – no preferred brand)	Soap based neutral pH low foam cleaning liquid concentrate – floor cleaning
Hydrogen peroxide and Silver based – (Baccishield / Microzid HP-10), Sodium dichloroisocyanurate based (Presept Granules) (no preferred brand – should be Efficacy certified product from US-EPA / CE / WHO-GMP / ISO 13485/ ISO 11.080 certified manufacturer with EN or ASTM E1053 or equivalent BIS certified, US-EPA / CE / WHO-GMP / ISO 13485/ ISO 9001 certified manufacturer)	For critical surface disinfection
Quaternary Ammonium Compound based – (Bacillo-floor / D-125 plus)	Floor disinfection
Chlorine based bleach - 1% Hypochlorite or Presept tablets	For decontamination of : <ul style="list-style-type: none">• suction jar, suction tubes• Blood & body fluid stained instruments and linens (spot soak for 10 min)



III. PEST CONTROL POLICY

Pest control should be done by housekeeping committee at least once in six months.

IV. FOGGING– INSTITUTIONAL POLICY

- Routine fogging is **NOT RECOMMENDED**
- Fogging may be done **ONLY** in the following situations:
 1. Commissioning of new OTs
 2. After annual maintenance
 3. On the basis of any microbiology surveillance reports
 4. After any civil or engineering work

V. SPILL MANAGEMENT

General process for cleaning of spills of blood or body fluids:

- **Wear appropriate PPE** – Gown and/or plastic apron, reusable rubber gloves, face mask with either goggles or face shield (if splash risk or large spill), shoe cover or plastic bag to cover the shoes
- Mark off and confine the spill area
- Send all reusable supplies and equipment (microfiber clothes and mops) for reprocessing (cleaning and disinfection) after the spill is cleaned up
- Hypochlorite solution has to be freshly prepared everyday – alternatively NADCC tablets can be kept handy to freshly prepare chlorine releasing solution

Spill management of small volumes of spill (few drops)

- Wear workman's gloves and other PPE appropriate to the task
- When sharps are involved use forceps to pick up sharps, and discard these items in a puncture resistant container



- Wipe the spill with a newspaper moistened with hypochlorite solution (1% dilution containing minimum 500 ppm chlorine). Discard the paper as infected waste. Repeat until all visible soiling is removed.
- Wipe the area with a cloth mop moistened with 1% hypochlorite solution and allow drying naturally
- All contaminated items used in the clean-up should be placed in a bio-hazardous bag for disposal.

Spill management of large spills (>10ml)

- Confine the contaminated area
- Wear workman's gloves and other PPE appropriate to the task
- Cover the spill with newspaper or appropriate absorbent material to prevent from spreading
- Flood the spill with 10% hypochlorite solution. While flooding the spill with 10% hypochlorite solution it is to be ensured that both the spill and absorbent material is thoroughly wet. Wait for five minutes.
- Remove and discard the paper as infected waste
- Wipe the area with paper moistened with 10% hypochlorite again if required until all visible soiling is cleaned
- Wipe the area once with 10% hypochlorite and a cloth mop and allow drying naturally
- All contaminated items used in the clean-up should be placed in a bio-hazardous bag for disposal.



Spill kit:

All the spill kits must be readily available in all OTs. Spill kit must be immediately replenished after use and stored at the original location after every use.

SPILL KIT CONTENTS		
Workman's gloves x 2 pairs	Apron	Mask
Absorbent material like newspaper or blotting paper	Biomedical waste bags and ties	Shoe cover or plastic bag to cover the shoes
Hypochlorite solution has to be freshly prepared everyday – alternatively NADCC tablets can be kept handy to freshly prepare chlorine releasing solution. Buckets and mops of spills should be different from the regular mops and buckets and should be washed and disinfected separately		



ANNEXURES

ANNEXURE 1

Supply List

- Mops with microfiber mop heads



- Microfiber cloth



- Three bucket Mop Wringer Trolley with wheel





- Workman's gloves – reusable heavy-duty rubber gloves



- Rubber-soled closed toe shoes



- Gum boots





- Soap/ Cleaning chemical
 - Neutral soap based low foam floor cleaner solution. Example: Lizol, Domex, Teepol neutral floor cleaner (no preferred brand)
- Disinfectant chemical
 - For floor - Bacillo-floor / D-125 plus (Quaternary Ammonium Compound based) (no preferred brand)
 - For surfaces - Critical Surface Disinfectant agent – Hydrogen peroxide and Silver based – (Baccishield / Microzid HP-10), Sodium dichloroisocyanurate based (Presept Granules) (no preferred brand – should be Efficacy certified product from US-EPA / CE / WHO-GMP / ISO 13485/ ISO 11.080 certified manufacturer with EN or ASTM E1053 or equivalent BIS certified, US-EPA / CE / WHO-GMP / ISO 13485/ ISO 9001 certified manufacturer)
- Tissue / cotton/Blotting paper for spills

ANNEXURE 2

SPECIFICATIONS OF PERSONAL PROTECTIVE EQUIPMENT		
ARTICLE	BIS STANDARDS	REMARKS
Gloves rubber	IS 6994 (pt 1):1973	Workman's gloves or Household utility gloves can also be used
Gum boots/rubber shoes	IS 13695:1995	----None---
Apron cloth	IS 5029:1979	----None----
Apron rubber	IS 4892:1987/ISO 5235:1977 synthetic rubber aprons (reinforced)	Alternatively, rubber aprons for labour rooms can be used. IS 4501:1981
Face mask	IS 6190:1971	----None----
Respiratory full-face masks	IS 14166:1994	For continuous exposure at waste disposal sites/ plants



ANNEXURE 3

SPECIFICATIONS OF CLEANING AND DISINFECTING AGENTS		
DESCRIPTION	FINAL SPECIFICATION	FORMULATION UNIT
Surface (Floor) cleaning agent	Agent containing 3 rd Generation or above quaternary ammonium compounds with detergent, disinfectant, bactericidal and virucidal property. Should be diluted in water for use. Effective & rapid cleaning solution for noncritical, semicritical & critical areas. Nontoxic and Non-irritant to skin & eyes. (Efficacy certified product from US-EPA / CE / WHO-GMP / ISO 13485/ ISO 11.080 certified manufacturer)	Preferably between 500 ml to 5 ltrs packing.
Critical Surface Disinfectant agent	Agent containing Hydrogen peroxide and ionized silver solution. Effective against a broad spectrum of bacteria, fungi & viruses. Effective & rapid solution for disinfection of critical areas. Nontoxic and Non-irritant to skin & eyes. (Efficacy certified product from US-EPA / CE / WHO-GMP / ISO 13485/ ISO 11.080 certified manufacturer with EN or ASTM E1053 or equivalent BIS certified, US-EPA / CE / WHO-GMP / ISO 13485/ ISO 9001 certified manufacturer)	Preferably between 500 ml to 5 ltrs packing. Price to be quoted per litre of end product dilution
Surgical handwash, & critical patients' bath scrub solution	Containing Chlorhexidine 4% w/v (20% v/v). Container must have attached pump for dispensing solution. Adequate Wall hanging attachments for OT sink area must be provided with bulk supply. (Efficacy certified product EN1499, EN12791, or ASTM E1115, E1174 or equivalent BIS certified, US-EPA / CE / WHO-GMP / ISO 13485/ ISO 9001 certified manufacturer)	Preferably 1 ltr dispensing bottles and 5 ltrs jar refills.



ANNEXURE 4

**AIIMS, KALYANI
DAILY OT CLEANING AND DISINFECTION CHECKLIST**

MORNING CLEANING	COMPLETED Y/N/NA
1. Prepare fresh disinfectant solution	
2. Wear gown, cap, mask and utility gloves	
3. Insert color - coded waste collection bags in waste bins	
4. Disinfect	
a. Furniture	
b. Surgical lights	
c. Operating bed and its attachments	
d. Stationary equipment	
e. Patient transfer devices	
f. Anesthesia trolley	
g. Compressed gas tanks	
h. X-ray machines	
i. Lead gowns	

EVENING CLEANING	COMPLETED Y/N/NA
1. Prepare fresh disinfectant solution	
2. Wear gown, cap, mask and utility gloves	
3. Remove all used linen and surgical drapes	
4. Collect and remove biomedical waste	
5. Wash the color coded bins, dry them	
6. Place the color coded bags in bins once it is dried	
7. Clean and disinfect	
a. Furniture	
b. Surgical lights	
c. Operating bed and its attachments	
d. Stationary equipment	
e. Patient transfer devices	
f. Anesthesia trolley	
g. Compressed gas tanks	
h. X-ray machines	
i. Lead gowns	
j. Door handles	
k. Light switches	
l. Anesthesia carts	
m. Telephones	
n. computer keyboards	
o. Scrub sinks and surrounding walls	
p. Chairs, stools and step stools	
q. The entire floor	

INTER-CASE CLEANING	COMPLETED Y/N/NA
1. Prepare fresh disinfectant solution	
2. Wear gown, cap, mask and utility gloves	
3. Remove all used linen and surgical drapes and waste	
4. Change the colour coded bags in waste bins	
5. Clean and disinfect	
a. Operating bed and its attachments	
b. Surgical light	
c. Door knobs	
d. Compressed gas tanks	
e. X-ray machines	
f. Operating microscopes	
g. surface visibly soiled with blood or body fluids	
h. Floor inside the surgical field	

SIGNATURE OF CLEANING STAFF:	OT NAME:
SIGNATURE OF NURSING OFFICER:	DATE:



AIIMS, KALYANI
WEEKLY OT CLEANING AND DISINFECTION CHECKLIST

WEEKLY DEEP CLEANING	COMPLETED Y/N/NA
1. Prepare fresh disinfectant solution	
2. Wear gown, cap, mask and utility gloves	
3. Shift all movable equipment and materials out of the OT	
4. Remove all articles from shelves and clean	
5. Wash the color coded bins, dry them	
6. Clean and disinfect	
a. Furniture	
b. Surgical lights	
c. Operating bed and its attachments	
d. Stationary equipment	
e. Patient transfer devices	
f. Anesthesia trolley	
g. Compressed gas tanks	
h. X-ray machines	
i. Lead gowns	
j. Door handles	
k. Light switches	
l. Anesthesia carts	
m. Telephones	
n. computer keyboards	
o. Scrub sinks and surrounding walls	
p. Chairs, stools and step stools	
q. The entire floor	
r. Walls	

SIGNATURE OF CLEANING STAFF:	OT NAME:
SIGNATURE OF NURSING OFFICER:	DATE:



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