



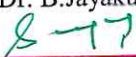



TAGORE

MEDICAL COLLEGE & HOSPITAL



Tagore Medical College and Hospital
Rathinamangalam, Chennai

Service Name :	HOSPITAL INFECTION CONTROL POLICIES HOSPITAL-WIDE E/NABH /HICO/ TMCH / HICC
Date Created:	21.08.2023
Prepared by:	Designation: Assistant Professor(Hospital Infection Control Officer) Name: Dr.P.Savetha MD Signature 
Reviewed by:	Designation: Professor & HOD(Member Secretary) Name: Dr.P.R.Thenmozhivalli MD Signature: 
Approved & Issued by:	Designation: Medical Superintendent(Chairperson) Name: Dr. B.Jayakumar MS 
Responsibility of Updating	Head of the Department – Hospital Infection Control Committee Name: Dr. P. R. Thenmozhivalli MD Signature: 



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10 Policies

10.1. Cleaning ,Disinfection and Sterilisation: DISINFECTION POLICY

10.1 Definitions of Sterilization and disinfection

Definitions of sterilization and disinfection	
Sterilization	<p>Process by which all living microorganisms, including viable spores, are either destroyed or removed from an article, body surface or medium.</p> <ul style="list-style-type: none"> • It results in reduction of 10^6 log colony forming units of microorganisms and their spores. • It can be achieved by physical agent or a chemical agent.
Disinfection	<p>It refers to a process that destroys or removes most of the pathogenic organisms except bacterial spores.</p> <ul style="list-style-type: none"> • It leads to reduction of at least 10^3 log colony forming units of microorganisms, but not spores. • The primary goal in disinfection is to destroy potential pathogen, but it also substantially reduces the total microbial population.
Asepsis	<p>It is a process where the chemical agents are applied on body surfaces, which kill or inhibit the microorganisms present on the skin.</p> <ul style="list-style-type: none"> • They prevent entry of the pathogens into sterile tissues and thus prevent infection or sepsis • They are generally not as toxic as disinfectants as they must not destroy too much of host tissue.
Decontamination or Sanitization	<p>It refers to reduction of pathogenic microbial population to a level at which items are considered as safe to handle without protective attire.</p> <p>It results in reduction of at least 1 log colony forming units of most microorganisms but not spores</p>



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10.1.1 SPAULDINGS CLASSIFICATION

Medical device	Definition	Examples	Recommended sterilization/ disinfection method
Critical device	Enter a normally sterile site	Surgical instruments, cardiac and urinary catheters, implants, eye and dental instruments	Heat based sterilization Chemical sterilant or High-level disinfectant
Semi-critical device	Comes in contact with the mucus membranes or minor skin breaches	Respiratory therapy equipment, anaesthesia equipment, endoscopes, laryngoscope, rectal/vaginal/oesophageal probes	High level disinfectant
Non-critical devices	Comes in contact with intact skin	BP cuff, ECG electrodes, bedpans, crutches, stethoscope, thermometer	Intermediate level or low level disinfectant
Non-critical environment surfaces	Less direct contact with patient	Surfaces of medical equipment, examination table, computers	Low-level disinfectant

10.1.2 Efficacy of disinfectants

Level of disinfectant	Bacterial spores	Tubercle bacilli	Non enveloped viruses	Fungi	Enveloped viruses	Vegetative bacteria
Low level disinfectant	No	No	No	+/-	Yes	Yes
Intermediate level disinfectant	No	Yes	Yes	Yes	Yes	Yes
High level disinfectant	May be	Yes	Yes	Yes	Yes	Yes
Chemical sterilant	Yes	Yes	Yes	Yes	Yes	Yes



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10.1.3 Common disinfectants and their spectrum of action:

Germicide & their concentrations	Level of disinfectant	Bacteria & enveloped viruses	Fungi	Un-enveloped viruses	<i>M. tuberculosis</i>	Spore	Inactivated by organic matter
Glutaraldehyde (2%)	High/CS	+	+	+	+	+	-
Formaldehyde (3-8%)	High/CS	+	+	+	+	+	-
H ₂ O ₂ (3-25%)	High/CS	+	+	+	+	+	+/-
Chlorine (100-1000 ppm of free chlorine)	High	+	+	+	+	+/-	+
Isopropyl alcohol (60-95%)	Intermediate	+	+	+/-	+	-	+/-
Phenol (0.4-5%)	Intermediate	+	+	+/-	+	-	-
Iodophore (30-50ppm of free iodine)	Intermediate	+	+	+	+/-	-	+
Quaternary ammonium compounds (0.4-1.6%)	Low	+	+/-	-	-	-	+



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10.2 Sterilisation:

10.2.1 Autoclave:

10.2.1.1 All metal articles used in surgery except sharp knives and fine scissors are autoclaved.

10.2.1.2. Autoclaving at 121°C for 20 minutes at 15 lbs pressure effectively kills most microorganisms and spores.

10.2.1.3. Working of an autoclave:

10.2.1.4. Loading.

10.2.1.5. Closing.

10.2.1.6. Air removal.

10.2.1.7. Steam exposure.

10.2.1.8. Holding.

10.2.1.9. Exhaust.

10.2.1.10 Drying.

10.2.1.11 Unloading

10.2.1.12 Autoclaves (gravity displacement) are used in CSSD for instruments, certain plastics linen gauze and other items.

10.2.1.13 Flash sterilization is used for OT in emergency situations at 132°C at 30lbs for 3 minutes.



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10.2.2 Microbiological monitoring:

- 10.2.3.1 Swabbing and culture for bacteria in OT once a week.
- 10.2.3.2 Air sampling to determine the quality of air in OT done once in a month .
- 10.2.3.3 Testing efficacy of autoclaves.
Biological and chemical indicators are used to monitor the effectiveness of sterilization.
- 10.2.3.4 Biological indicators containing bacterial spores are used for monitoring the efficacy of sterilizers.
- 10.2.3.5 Commercially available spore strips impregnated with spores of *Geobacillus stearothermophilus* are used. Spores are killed in 12 minutes at 120°C
- 10.2.3.6 Chemical indicator such as Bowie-Dick tapes (3Mcomply) show a change of color after exposure to sterilizing temperature.
- 10.2.3.7 For ETO sterilizer: Biological indicator is spores of *Bacillus atrophaeus*



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10.3 Disinfectant Products Used in Tagore:

Disinfectant	Composition	How To Prepare	Purpose
7% Lysol	Benzalkonium chloride solution (80%) and 2.5% w/w deionised water, Lauryl alcohol ethoxylate	15 ml in 1 litre of water Or 60ml in 4 litre of water	Floor surface toilet Cleaning (non-ICU area)
0.5% Hospal-OT	Ethylenedioxy dimethanol, Glutaraldehyde, coosion inhibitors & cleansors	5ml in 1 litre of water	Floor surface toilet cleaning in ICU
Hospai-OT (Wettas k)wipes	Propanolol, Ethanol	Pre-soaked wipes	For instant disinfection of patient care equipment , surface cleaning (not floor) Electrical & electronic instruments and high touch area.
Hospal-OT spray	Propanolol, Ethanol	Spray	For instant disinfection of patient care equipment, surface cleaning (not reachable places of cot, wheels); (not floor).
Detergent/soap chips		Soak chips in hot water-dilute the concentrate daily	For general cleaning and floor cleaning in non clinical areas
Tagoreium Handrub	2-Propanolol, 1-propanolol	Dispense 3-5 ml on hand.	For Handrub
Surgical Scrub	Chlorhexidine Gluconate %	Dispense 5ml on hands & scrub thoroughly	Surgical hand scrubbing/ washing, skin preparation



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4% Sodium Hypochlorite	When preparing chlorine solutions note that : <ul style="list-style-type: none"> ○ Daily preparation- discard after 24 hrs. ○ Use clear water ○ Avoid direct contact with skin & eyes ○ Wear PPE ○ Prepare in well ventilated area 	For 1: 10 Dilution Add 250ml of sodium hypochlorite solution to 750ml of water	Pre- wash soak for 10 to 15 minutes 1. For decontamination of suction jar, suction tubes, ventilator circuits, oxygen mask, nasal prongs. 2. Blood & body fluid stained instruments and linens (spot soak for 10 min)
8% Sodium Hypochlorite		For 1: 10 Dilution Add 125ml of sodium hypochlorite solution to 875ml of water	To decontaminate large blood spill >10ml.
2% Sodium Hypochlorite			To decontaminate soiled bed pan, toilet basin, commodes
0.1% Hypochlorite		Use plastic container covered with lid	To disinfect colonized/infected pt. bed in isolation room after cleaning with detergent
Aseptik Surgical Antiseptic		Chlorhexidune Gluconate %, Ethanol with	



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10.4.1 Disinfection procedure for individual items or equipment

Items	Procedure	Comments
Airways	Clean with soap and water and gas (EtO) sterilization(CSSD) or use disposable	
Ampoules/vials	Wipe neck or rubber top with 70% isopropyl alcohol and allow to dry before opening or piercing. <i>Do not</i> immerse ampoules/vials in disinfectant solution	
Auroscope tip	Use single-use disposable tips. If reusable tips are used then send to CSSD for sterilization. Chemical disinfectant should be used only when other methods are unavailable.	
Oxygen –masks	Clean with soap and water send to (ETO)	
Ambubag	Should be cleaned with detergent and water, Dried and sterilized.(ETO)	
Arterial catheters	Sterile, single use only, must be discarded After use.	
Baby equipment feeding bottles & teats PALADAI to be used for baby feeding	Not recommended Autoclaving	
Baby weighing scales A fresh liner should be used(or) baby towel for each baby.	Clean tray as necessary with detergent and water.	If contaminated should be wiped with hypochlorite 1000ppm after washing
Baby bath	Separate basins for each baby	



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10.4.1 Disinfection procedure for individual items or equipment

Bowls (Surgical)	Primary wash and Return to CSSD	
Bowls (Washing)	Wash with detergent and water and decontaminate with 1% hypochlorite solution/ bleaching solution, rinse and dry after each use. Store inverted and separated	
Mattresses and pillows should be covered with rexine sheet 6 months check for durability	Should be cleaned with 0.5% hypochlorite between patients and as required.	If contaminated with body fluids, the blood spill management policy should be implemented. Should not be used if cover is damaged. Contaminated pillows must be discarded. Torn mattress covers must be replaced before mattress is re-used
Bedpans and urinals	Should be cleaned and disinfected with 2% sodium hypochlorite . It must be ensured that the item is dry before re-use.	Bedpan holders, and storage racks/shelves must be cleaned with detergent on a daily basis.
Breast pumps	For single patient use -Should be washed with detergent and water, immersed in sodium hypochlorite 125 ppm av Cl ₂ for 30 min, freshly made up from tablets according to manufacturer's instructions.	Heat sterilize before use by
Brushes Nail Toilet	1. Disposable - single use. 2. Re-usable – to be returned to CSSD after each use. Should be rinsed well in flush water and stored dry.	Should not be left on sink after use.



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10.4.1 Disinfection procedure for individual items or equipment

Cardiac and urinary catheters, IV devices, and all other invasive devices. i.e. needles, syringes	Use sterile single-use disposable item only. If re use according to the local policy	
Cardiac monitors, defibrillators, and ECG	Use single-use disposable ECG pads. Clean and disinfect ECG leads and machine with 70% alcohol	
Carpets	Vacuum daily.	Should be shampooed or steam cleaned in isolation rooms as part of terminal cleans
Commodes & Toilet surface	Seat and arms should be cleaned with detergent and water, and dried.	If soiled or used in isolation, should be wiped with sodium hypochlorite 2% and dried, after cleaning
Crockery and cutlery (spoons and utensils)	Should be heat disinfected in dishwasher. If washed in sink, with water and detergent	
Curtains	Refer to housekeeping section	
Curtains (between patients)	Refer to housekeeping section	
Drainage bottles	1. Disposable – single use 2. Reusable- rinse and return to CSSD	Wash with detergent and water, put jars in the disinfectant solution. Leave for contact time, rinse and store dry, or send to CSSD. Weekly autoclaving or HLD is highly recommended
Drip Stands	Should be cleaned with detergent and water and dried.	After use in isolation, should be wiped with sodium hypochlorite 2%, and dried after cleaning.



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10.4.1 Disinfection procedure for individual items or equipment

Ear Pieces for auroscope and after use in isolation	Should be cleaned with detergent and water and dried.	To be returned to CSSD after use in isolation
ECG leads and machines	Wash with detergent and water, then 70% alcohol wipe.	
Leads and monitors	Should be dismantled to smallest components and cleaned with detergent and water and dried.	
Endoscopes-invasive	Refer endoscope treatment policy	
Endoscopes - non-invasive	Refer endoscope treatment policy	
Endotracheal tubes	Single use only	
Eye protection	Should be cleaned with detergent and water and dried.	For blood splashes blood spillage policy should be followed
Fixtures, fittings and ledges	Refer to housekeeping section	
Floors	Should be done daily. A damp mop with detergent and water should be used.	For blood splashes blood spillage policy should be followed.
Furniture	Should be damp dusted with detergent and water.	
Haemodialysis machines	Thoroughly clean between patients and disinfect at the end of the day per manufacturer's recommendations. <i>Colonized/infected patients:</i> after cleaning with detergent, disinfect with hypochlorite (1000 ppm av Cl ₂) solution or other appropriate disinfectant as per manufacturer's recommendations.	



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Humidifiers	Should be cleaned and sterilized at low temperature.(ETO)	Drain atleast once each day, clean with detergent and water Refill with sterile water and label the humidifiers or follow Manufacturer's instructions. Humidifiers which are not in use should be cleaned and kept dry.
Infant Incubators	Should be cleaned with detergent and water and switch on to dry.	Terminal sterilization with ethylene oxide gas may be required after some infections.
Infant incubators	Routinely wash with detergent and dry with disposable wipe in a daily basis. <i>Colonized/infected patients:</i> after cleaning, wipe with 70% isopropyl alcohol impregnated wipe or use hypochlorite (125 ppm av Cl ₂) solution. When the baby is discharge, dismantle incubator and wash <i>all removable parts</i> and clean with detergent and then disinfect with hypochlorite (125 ppm av Cl ₂) solution or other disinfectant as per manufacturer's recommendation and allow to dry. . The cleaning and disinfection should be done in a separate area.	



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Intravenous monitoring pumps (and feed pumps)	Should be cleaned with detergent and water and dried.	After use in isolation wipe with sodium hypochlorite 2% and dry, after cleaning
Instruments	After single use to be returned to CSSD	
Linen	Refer laundry section	
Laryngoscope	Decontaminate with 0.5% bleaching solution if blood stained. Clean with detergent and water and HLD is done with glutaraldehyde 2%. Bulb of the laryngoscope should be removed and cleaning with spirit swab.	
Locker tops	Damp dust daily with detergent solution and allow to dry. <i>Colonized/infected patients:</i> after cleaning with detergent, disinfect with hypochlorite 1000 ppm av Cl ₂ solution or other appropriate disinfectant and allow to dry.	
Medicine trays	To be cleaned with detergent and water weekly	If blood spillage see blood spillage policy
Medicine Trolley	Wash at least weekly with hot soapy water. Ensure spillages are cleaned promptly	
Proctoscope	Disposable - single use. Reusable to be rinsed in hypochlorite and returned to CSSD.	
Nebulizers	Cleaning and low temperature sterilization (ETO) between patients. Fill with sterile water only.	Send for cleaning and reprocessing to CSSD
Nebulizer Tubing	Wash with detergent and water and send to CSSD. (ETO)	
Pressure relieving devices	Should be cleaned with detergent and water and dried.	



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Razors Hair removal for OT preparation	NOT Recommended Clippers should be used	
Rooms	Refer housekeeping section	
Scissors	Surface disinfect with a 70% alcohol impregnated wipe before use. If visibly soiled clean first with a detergent solution for sterile use (high level disinfection)	
Shaving brush	Should not be used unless supplied by the patients for their own use. Rinse under running water and stored dry.	
Skin disinfection	Showers are preferred to bath or bed baths.	
Soap dispensers	Should be cleaned weekly with detergent and water and dried.	
Sphygmo- manometer cuffs (BP apparatus)	Use dedicated items in high-risk areas (eg. ICU) or patients known to be <i>colonized/infected</i> . Wash sleeve with soap and water once a week In between patients Disinfect with 70% alcohol impregnated wipe to clean tubing and inflation bladder.	After use in isolation, should be laundered in washing machine
Spillages	Refer to spillage management policy	
Splints and Walking frames	Wash and clean with detergent and allow to dry.	
Sputum pots	Disposable with close fitting lid. Should be discarded into clinical waste for incineration	Pre-treat with 15ml hypochlorite then toilet flush
Stethoscopes	Surface disinfect with 70% alcohol impregnated wipe between patients. Use dedicated stethoscope in high-risk area eg. ICU. NNU or patients with infection or colonized with MDROs.	



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Suction bottles	Disposal liners. Must be sealed when 75% full and placed in yellow plastic bag. Re-usable (jar and tubings), should be cleaned with 1% sodium hypochlorite and dried. Must be changed daily and in between each patient. To be stored dry when not in use.	At least weekly autoclaving of suction jars should be done, wherever applicable. Minimum 1-2% sodium hypochlorite solution should be kept in jar in volume which is 1/10 volume of the jar. After use, add equal quantity of hypochlorite for disinfection at source before discarding the content.
Surgical instruments	Transport safely in a closed rigid container to CSSD for sterilization. Clean manually or use thermal washer – disinfectant and then steam sterilize all instruments in CSSD.	
Surgical instruments	Steam sterilize if heat tolerant. Single use items may be used. Instruments	
Thermometers	Oral: Single-patient use thermometers must be dedicated for infection patients and patients in high-risk areas, e.g. ICU. They should be cleaned and wiped with a 70% isopropyl alcohol impregnated wipe after each use and stored dry. On discharge of patient, wash both thermometer and thermometer holder with detergent, immerse in 70% alcohol for 10 min. Wipe and store dry.	
Telephones	To be wiped with 70% alcohol	
Toilet seats	To be cleaned at least twice daily with detergent.	



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Tonometer Prisms (Applimators)	Immersion in 0.05% hypochlorite (500 parts per million available chlorine) for 10 minutes	A fresh solution should be prepared at the start of each clinic.
Toys	<i>Soft toys:</i> avoid use of soft toys <i>Hard toys:</i> wash with detergent and disinfect with alcohol impregnated wipe or use hypochlorite (1000 ppm av Cl ₂) solution For children with infectious diseases do not use communal toys or those which cannot be easily disinfected	
Trolleys (Dressing)	Clean and wipe trolley top with a 70 % isopropyl alcohol impregnated wipe before use.	
Vomit bowls	Contents must be emptied into sluice then rinsed and washed and disinfected with hot water and detergent and dried.	
Walls	Should be cleaned with detergent and water as part of planned preventative maintenance programme.	
Wash bowls	Patients must have own dedicated bowl. After each patient's use, should be cleaned with detergent.	
Wheel chairs	Patient's own – should be cleaned with detergent and water as necessary. Hospital – clean between patients with detergent and water, rinse and dry.	



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10.5 House-keeping Policy of Tagore

10.5.1 General Rules for House Keeping at Tagore:

1. Man power must be adequate for regular cleaning of walls, ceiling fan once in a month.
2. Manpower to supervise housekeeping works.
3. Adequate base materials (buckets, detergent, disinfectant) should be made available to maintain a proper housekeeping policy.
4. Washing of the mop should be done in between cleaning.
5. Fumigation is not recommended on a routine basis, It is done only during outbreak, after new constructions .
6. Personal protective equipment must be provided to the housekeeping workers during work
7. Use a single damp cloth per patient. If the damp cloth is reusable soak the damp cloth in detergent/disinfectant and dry before use
8. Damp dusting rather than dry dusting/ sweeping shall be performed.
9. Wet mopping should be done by double bucket technique which extends the life of the solutions because fewer changes are required. When a single bucket is used solutions should be frequently changed because of increased bio load



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10.5.2 For housekeeping purpose, Tagore has been divided into the following zones

<i>Very High Risk areas</i>	Outbreak in high risk areas
<i>High Risk Areas</i>	ICU, HDU, operating theaters, post op wards, laboratories
<i>Moderately areas</i>	General wards , OPDs
<i>Low Risk area</i>	Canteen, long term care, office based

10.5.3 CDC recommends to use disinfectant for environmental surfaces of critical area and detergent for non-critical area except when the patient is on isolation where disinfectant is preferred. The reason is explained in table below.

The following detergents/disinfectants are used for housekeeping at Tagore

1. Detergent- e.g. SolvLemon floor cleaner/ soap oil
2. Disinfectants
 - Fresh O liquid (benzalkonium chloride 80%)-Detergent
 - HOSPAL PLUS floor: 0.1 % dilution
Floor and bathroom surface: use one capful in half a bucket of water. Gently mop the surface.No need to rinse. (4 litres)
 - Kitchen: Use undiluted. Apply on dirty area and leave for ten min and rinse
 - Hosal -OT (glutaraldehyde 2% plus benzalkonium chloride 5%)-Disinfectant



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ITEMS	VERY HIGH RISK AREA	HIGH RISK AREA	MODERATE RISK AREA	LOW RISK AREA	METHOD
Bed	Clean frame daily	Clean framedaily	Clean fram edaily	N/A	Detergent + disinfectant for MDRO
	Clean underneath weekly	Clean underneat hweekly	Clean underneat hweekly		
	Clean whole on discharge	Clean whol eon discharge	Clean whol eon discharge		
Bed rails	Clean twice daily & after discharge	Clean daily & after discharge	Clean daily & after discharge	Clean weekly & after discharge	Detergent + disinfectant for MDRO
Bedside table	Clean twice daily & after use	Clean daily & after use	Clean daily	Clean weekl y	Detergent + disinfectant for MDRO
Catheter stand /bracket	Clean daily & after use	Clean daily & after use	Clean before initial use, after use & monthly	Clean before initial use, after use & monthly	Detergent and Disinfectant
Ceiling/ High dusting	Spot clean Monthly	Spot clean Monthly	Spot clean Monthly	Spot clean Monthly	Detergent /Damp dust Damp cloth



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Chair	Clean twice daily	Clean twice daily	Clean daily	Clean weekly	Detergent + disinfectant for MDRO
Chair, dental land surrounds	NA	NA	NA	Clean daily & when visibly soiled	Detergent
Cleaning equipment	Clean after use	Clean after use	Clean after use	Clean after use	Detergent + disinfectant for MDRO
Chappals	Wash once daily and dry	Wash once daily and dry	NA	NA	Detergent
Clipboard	Clean daily & between patient	Clean daily & between patient	Clean daily & between patient	Clean weekly	Detergent
Commodes & toilet surface	Use Daily twice	use Daily twice	use Daily twice	Daily	Detergent and disinfectant



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Curtains and blinds (ICU entrance should not have any curtains)	Bed curtains — change or clean weekly upon discharge	Bed curtains— change or clean monthly	Bed curtains — change or clean 3 months	Bed curtains —change or clean annually	Replace with laundered curtains or steam clean while in place.
	Patient with MDRO or other infectious disease — change bed curtains or clean upon discharge	Patient with MDRO— change bed curtains or clean upon discharge	Patient with MDRO— change bed curtains or clean upon discharge	Patient with MDRO — change bed curtains or clean upon discharge	Replace with laundered curtains or steam clean while in place
Door mat	Weekly/ Whenever it gets fully wet	Weekly/ Whenever	it gets fully wet	Weekly/ Whenever	it gets fully wet
Elevators/ Lit	Damp	cleaning daily	Damp cleaning daily	Damp cleaning daily	Damp
Door knob/ handle/fridge handle/ general	Clean daily	Clean daily	Clean daily	Clean weekly	Detergent
Drip/ intravenous stands	Clean contact points after use	Clean contact points after use	Clean contact points after use	Clean contact points after use	Detergent + disinfectant for MDRO



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Fan, patient	Clean weekly & between patient use	Clean weekly & between patient use	Clean weekly once	Clean weekly once	Detergent
Floor, non-slip	Damp mop twice daily	Damp mop twice daily	Damp mop daily	Damp mop daily	Detergent + Disinfectant for MDRO
Floor, polished	Dust removal by dry mop clean twice daily	Dust removal by dry mop clean daily	Dust removal by dry mop clean daily	Dust removal by dry mop clean weekly	Detergent for routine Consider electrostatic mops Detergent + Disinfectant for MDROs
Fridge (drug)	Clean weekly	Clean weekly	Clean weekly	Clean weekly	Detergent
Hoist/Sling	Clean contact points after use	Clean contact points after use	Clean contact points after use	Clean contact points after use	Detergent
IV stand & poles	Clean daily & after use	Clean daily & after use	Clean weekly & after use	Clean monthly & after use	Detergent + Disinfectant for MDRO
Light switch	Clean daily	Clean daily	Clean weekly	Clean weekly	Detergent



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Locker	Clean contact points twice daily	Clean contact points twice daily	Clean contact points daily	N/A	Detergent + Disinfectant for MDRO
Mattress preferably covered by rexine (every 6 months check for durability)	Clean weekly & after discharge	Clean weekly & after discharge	Clean weekly & after discharge	Clean weekly & after discharge	Detergent + Disinfectant for MDRO Preferable that entire mattress has waterproof cover
Medical gas equipment	Clean daily	Clean daily	Clean daily	Clean weekly	Detergent
Microwave	Clean three times daily	Clean three times daily	Clean daily	Clean daily	Detergent
Case sheet folder	Clean daily	Clean daily	Clean weekly	Clean weekly	Detergent
Oxygen equipment Oxygen Masks, Tubings	Clean daily & after use	Clean daily & after use	Clean weekly & after discharge & before initial use	Clean weekly & after discharge & before initial use	Detergent
Patient slide/cover bed table	Clean daily & after use	Clean daily & after use	Clean daily & after use	Clean daily & after use	Detergent + Disinfectant for MDRO



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Pillow (waterproof cover)	Clean weekly & after discharge	Clean twice monthly & after discharge	Clean & after discharge	Clean monthly & after discharge	Detergent + Disinfectant for MDRO
Rubber sheet	Change when soiled and between patients	Change when soiled and between patients	Change when soiled and between patients	Change when soiled and between patients	Detergent and dry in sunlight if reusable
Sharps trolley	Clean daily	Clean twice weekly	Clean weekly	Clean monthly	Detergent
Shower	Clean daily & after use	Clean daily & after use	Clean daily	Clean daily	Detergent + Disinfectant for MDRO
Sink (hand washing)	Clean twice daily	Clean daily &	Clean daily	Clean daily	Detergent
Surfaces (general) in patient room e.g. ledges, counter, writing table, shelf	Clean twice daily & after discharge	Clean twice daily & after discharge	Clean daily & after discharge	Clean weekly & after discharge	Detergent + Disinfectant for MDRO
Telephone	Clean twice Daily	Clean twice daily	Clean daily	Clean weekly	Detergent + 70% isopropyl alcohol
Toilet	Clean thrice daily	Clean thrice daily	Clean thrice daily	Clean daily OPD-Frequent cleaning	Detergent + disinfectant



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Trolley, dressig	Clean before & after use	Clean before & after use	Clean before & after use	Clean before & after use	Clean and wipe with 70 percent isopropyl alcohol Impregnated wipes.If contaminated clean with detergent and then disinfect with 70% isopropyl alcohol
Trolley, linen/medicine/food	Clean contact points daily	Clean contact points daily	Clean contact points daily	Clean contact points weekly	Detergent
Trolley, resuscitation	Clean daily	Clean twice weekly	Clean weekly	Clean weekly	Detergent
TV	Clean weekly	Clean weekly	Clean weekly	Clean weekly	Detergent
Walls/window s/dodo	Spot clean and regular cleaning once a month	Spot clean and regular cleaning once a month	Spot clean and regular cleaning once a month	Spot clean and regular cleaning once a month	Detergent /Damp dust
Washbowl, patient (each patient should have a dedicated bowl)	Clean between patient use	Clean between patient use	Clean between patient use	Clean between patient use	Detergent Detergent +disinfectant for MDRO
Wheelchair	Clean daily & after use	Clean daily & after use	Clean weekly & after use	Clean weekly & after use	Detergent



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10.5.4 House-keeping in wards

10.5.4.1 Wet mopping of the floor with disinfectant 2 times per day in non-critical areas. This has to be done 2-3 times per hour in critical areas.

10.5.4.2 Mopping after visiting hours is mandatory. Can be used as disinfectants in the prescribed dilution.

10.5.4.3 Fresh cleaning solution accurately diluted for each task must be prepared.

10.5.4.4 Mops should be washed and dried thoroughly after each use.

10.5.4.5 These must be replaced when worn out.

10.5.4.6 Brooms should not be used, however, if absolutely necessary care must be taken that sweeping is not done during the time of dressing or meals.

10.5.4.7 Furniture and fixtures must be wiped daily with disinfectant.

10.5.4.8 Cleaning solution must be discarded immediately after use in dirty utility area.

10.5.4.9 It must not be discarded in wash basin or clinical sinks.

10.5.4.10 Hands must be washed properly before carrying out other duties.

10.5.4.11 Curtains must be washed once in a month.



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10.5.5 House-keeping in ICUs:

10.5.5.1 Wet mopping of the floor with disinfectant is done every 2 hours.

10.5.5.2 Mopping after visiting hours is mandatory.

10.5.5.3 For cleaning the contaminated material e.g sputum cups, bedpans, urinals etc 5% sodium hypochlorite solution must be used, 75 ml of this solution must be diluted within 12 litres of water. This gives 325 ppm of chlorine.

10.5.5.4 For each task, fresh cleaning solution must be prepared.

10.5.5.5 Separate cups, bedpans, urinals, and shelf must be provided per bed.

10.5.5.6 General cleaning of walls should be done by fresh-o-liquid. .

10.5.5.7 Cleaning solutions must be discarded immediately after use in the sluice.

10.5.5.8 It must not be discarded in wash basins or clinical sinks.

10.5.5.9 Hands must be washed properly before carrying out other duties.

10.5.5.10 Clean A/C filters twice weekly.

10.5.6 Housekeeping in special risk areas:

10.5.6.1 The sister in-charge of the ward must inform the domestic supervisor immediately that special cleaning is required.

10.5.6.2 The domestic staff responsible must be made sufficiently aware of any risks, they must be adequately protected and must be aware of the procedures.



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10.5.6.3 Separate cleaning equipment should be reserved for these areas.

10.5.6.4 A plastic bag for disposal of waste, a bowl for damp dusting preferably kept in the cubicle, disinfectant solution if required, disposable wipes and a mop and bucket designated for that area.

10.5.7 House Keeping In The Operation Theatre:

10.5.7.1 Theatre complex should be absolutely clean at all items.

10.5.7.2 Dust should not accumulate at any region in the theatre.

10.5.7.3 Soap solution is recommended for cleaning floors and other surfaces.

10.5.7.4 Operating rooms are cleaned daily and the entire theatre complex is cleaned thoroughly once a week.

10.5.7.5 Before the start of the 1st case:

10.5.7.6 Wipe all equipment, furniture, room lights, suction points, OT table, surgical light reflectors, other light fittings, slabs etc with soap solution.

10.5.7.7 This should be completed at least one hour before the start of surgery.

10.5.7.8 Linen & gloves:

10.5.7.9 Gather all soiled linen and towels in the receptacles provided.

10.5.7.10 Take them to the service corridor (behind the theatre) and place them in trolleys to be taken for sorting.

10.5.7.11 The dirty linen is then sent to the laundry.

10.5.7.12 Use gloves while handling dirty linen



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10.5.8 Instruments:

10.5.8.1 Used instruments are cleaned immediately by the scrub nurse and the attender.

10.5.8.2 Reusable sharps are decontaminated in Lysol / hypochlorite and then washed in the room adjacent to the respective OR by scrubbing with a brush, liquid soap and vim.

10.5.8.3 They are then sent for sterilization in the CSSD.

10.5.8.4 After septic cases the instruments are sent in the instrument tray for autoclaving.

10.5.8.5 Once disinfected, they are taken back to the same instrument cleaning area for a manual wash described earlier.

10.5.8.6 They are then packed and re-autoclaved before use.

10.5.8.7 OT Environment:

10.5.8.8 Wipe used equipment, furniture, OR table etc., with detergent and water.

10.5.8.9 If there is a blood spill, disinfect with sodium hypochlorite before wiping.

10.5.8.10 Empty and clean suction bottles and tubing with disinfectant.

10.5.8.11 After the last case:

10.5.8.12 The same procedures as mentioned above are followed and in addition the following are carried out.

10.5.8.13 Wipe over head lights, cabinets, waste receptacles, equipment, furniture with low level disinfectant.

10.5.8.14 Wash floor and wet mop with liquid soap and then remove water and wet mop with floor solution.



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10.5.8.15 Clean the storage shelves scrub & clean sluice room.

10.5.8.16 Weekly cleaning procedure:

10.5.8.17 Remove all portable equipment.

10.5.8.18 Damp wipe lights and other fixtures with detergent.

10.5.8.19 Clean doors, hinges, facings, glass inserts and rinse with a cloth moistened with detergent.

10.5.8.20 Wipe down walls with clean cloth mop with detergent.

10.5.8.21 Scrub floor using detergent and water or detergent.

10.5.8.22 Stainless steel surfaces – clean with detergent, rinse & clean with warm water.

10.5.8.23 Replace portable equipment.

10.5.8.24 Clean wheel castors by rolling across towelling saturated with detergent.

10.5.8.25 Wash (clean) and dry all furniture and equipment (OT table, suction holders, foot & sitting stools, Mayo stands, IV poles, basin stands, X-ray view boxes, hamper stands, all tables in the room, holes to oxygen tank, kick buckets and holder, and wall cupboards).

10.5.8.26 After washing floors, allow disinfectant solution to remain on the floor for 5 minutes to ensure destruction of bacteria .



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10.6 Laundry and Linen Management policy

10.6.1 General considerations

Laundry area designed in a way to prevent dissemination of organisms onto finished textiles.

- All laundry areas must have impermeable floor surfaces.
- The ventilation should include adequate filtration, air exchange rate (5 - 10 per hour) and exhaust
- *Two area:* The laundry should be partitioned into two separate areas –
 - a “dirty” area for receiving and handling the soiled laundry and
 - a “clean” area for processing the worked items and textile storage.
- *Functional separation* may be achieved by
 - physical barriers or
 - negative air pressure systems in the soiled linen area, or
 - positive air flow from the clean area to the soiled linen area
- Use and maintain laundry equipment according to manufacturers’ instructions.
- Damp textiles should not be left in machines overnight.
- All personnel involved in the collection, transport, sorting, and washing of soiled linen - adequately trained and wear appropriate *PPE*.
- HCWs must cover all exposed skin lesions with waterproof plasters and wear appropriate gloves.
- Gloves used for the task of sorting laundry must be of sufficient thickness - to minimize sharpsinjuries.
- Adequate hand washing facility must be there.
- Inadvertent disposal of objects (sharps and non-laundry items such as surgical instruments)-should be removed at the point of packaging.



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10.6.2 Laundry bags

- Single bags of sufficient tensile strength must be used
- Leak-proof containment is needed-if the laundry is wet and can soak through a cloth bag.
- Only two third of the bag should be filled to allow secure closure
- Clearly identified with labels, indicating the point of origin.
- Colour-coding should meet the local policy if possible

Process of washing	Duration	Detergents used
Soaking of linen	20mts	Sodium hypo chlorite / liquid bleach
Pre wash	10mts	Plain water
Main wash	30mts	Laundered det & boost, detergent
Rinse	10mts	Laundered rinse , neutral agent
Soft wash	10mts	Refinolsoft , fabric softner

10.6.3 Segregation

Infectious linen *must be segregated at the point of generation, not at laundry site.*

Sorting

- Handle the linens with care at all times.
- Place the linens into bags at the point of generation as soon as possible.
- Bags must be securely tied to prevent leakage.
- Rinsing of soiled laundry at the point of generation should not be done.
- *Both soiled and infectious categories of linen undergo identical thermal disinfection* - Thedesignation of some linen as ‘infectious’ is only to minimize workers’ contact with it.



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Transport

- Clean and used linen should be transported in separate dedicated closed containers, bag, trolley and lifts. They must *never* be transported together.
- Soiled linen in bags can be transported by cart or chute but loose, soiled pieces of laundry should not be tossed into chutes.
- Trolleys should also be cleaned and disinfected in following situations:
 - After any spillage
 - After transportation of dirty laundry
 - Through cleaning with soap and water at least weekly
- Same vehicle can be used to both collect and deliver dirty and clean linen with internal separation

Storage

- Clean linen should be stored in a clean area of the ward in closed cupboard.
- It should be stored separately from used/soiled linen
- Must not be stored in the sluice or bathroom.

Disposal of Linen

- The linen that required to be disposed of must be disinfected and duly washed as soiled linen described below.
- After drying, the linen records are presented to the condemnation committee.
- After due certification from the committee such linen should be shredded or cut in small pieces and then dispose of in a yellow bag to the bio-medical waste collector for final disposal.



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10.6.4 Laundry process

Linen and clothing used in hospitals on laundering are rendered free of vegetative pathogens(hygienically clean), but they are not sterile.

The washing cycle used for laundering is of various types:

- Typical thermal washing cycle
- Low-temperature cycle
- Dry cleaning
- Home washing machines

Typical thermal washing cycle

The thermal washing machines used for laundering may be of two types- i)Washer/extractor units, ii)Continuous batch machines.

The washing cycle involves three main phases, i.e. pre-wash, main wash (disinfection cycle) and rinsecycle.

- *Pre-wash:* Linens are washed with water with soap and detergent. The antimicrobial action is dueto cleaning with soap and detergent, dilution and agitation/shaking during the pre-washing cycle.
- *Main wash (heat disinfection cycle)-* Minimum holding time is 65°C for 10 min (or 71°C for 3min). Additional time should be given to allow mixing and heat penetration.
- *Rinse cycle-* Removes the soap and detergents present if any.



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Low-temperature wash

Low-temperature wash is useful for – i) heat labile fabrics, ii) to reduce hot water consumption and thereby saving cost [laundry is the largest users (50-75%) of hot water in hospitals].

- The steps are same as thermal washer except that *sodium hypochlorite* is used for disinfection in the washing machine instead of heat.
- The amount of bleach should be carefully monitored and controlled. Usually recommendation is 150 ppm available chlorine.

Dry cleaning

- The dry cleaning process involves use of organic solvents such as *perchloroethylene* to remove soil from heat labile linen that might be damaged in thermal washing or detergents.
- Dry cleaning should not be used routinely because it is relatively ineffective in reducing the numbers of microorganisms on contaminated linen.

Home washing machine

- It is suitable for staff uniforms as these are only used to identify staff and not as personal protective equipment.
- If staff uniforms do become grossly contaminated - washed with 'used' or 'infected' hospital linen as appropriate.



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Drying and ironing

Drying and ironing provide an additional antimicrobial activity.

- Drying of the linen is done either in a drier (preferable) or sun.
- Heavy duty washers/ driers are recommended for drying.
- Dryer temperatures and cycle times are determined by the type of materials in the fabrics.
- Man-made fibers (i.e., polyesters) require shorter times and lower temperatures.
- Ironing is done either by manual or by automated systems (preferable).

Monitoring

A routine microbiological sampling of cleaned linen is not recommended.

- The efficiency of the disinfection cycle should be checked only during following situations.
 - when commissioning new machines, at regular intervals (every 6 weeks) and
 - During outbreak investigation - if epidemiological evidence suggests linen or clothing as a vehicle for disease transmission.
- Sampling techniques include
 - Aseptically macerating the fabric into pieces and adding these to broth media or
 - Using contact plates for direct surface sampling.
 - When evaluating the disinfecting properties of the laundering process specifically, placing pieces of fabric between two membrane filters may help to minimize the contribution of the physical removal of microorganisms.
 - Enterococci can be used as bioindicator to monitor the efficacy of laundry process.



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10.6. Visitor's Policy

10.6.1 Though instructing and preparing visitors for patients in isolation is time consuming and often frustrating, their presence is valuable to the emotional well-being of the patient.

10.6.2 The visiting hours permitted in our hospital are from 4pm-6pm daily.

10.6.3 Visitors are allowed with visitors pass from the respective wards or ICU where patient is admitted.

10.6.4 Visitors who have experienced coryza, fever, Cough, sore throat, vomiting should be discouraged from visiting the hospital.

10.6.5 Children are allowed to visit between 6pm-7pm. They are not allowed in ICU.

10.6.6 Visitors should maintain the **NO SMOKING** policy.

10.6.7 Visitors should wash their hand well with soap and water before entering and when leaving the room.

10.6.8 Visitors must maintain a quiet environment and avoid unnecessary noise. Visitors are not allowed to bring flowers for the patients