



<input type="checkbox"/> ADMINISTRATE POLICY & PROCEDURE (APP)		<input type="checkbox"/> INSTITUTIONAL POLICY & PROCEDURE (IPP) <input type="checkbox"/> INTERDEPARTMENTAL <input type="checkbox"/> INTERNAL	
TITLE		POLICY NUMBER/V#	
Infection Control in CSSD		MMC-IPC-04 (1)	
INITIATED DATE	EFFECTIVE DATE	REVISED DATE	
02-08-2025	01-09-2025	01/08/2028	
REPLACES NUMBER		NO. OF PAGES	
NA		06	
APPLIES TO		RESPONSIBILITY	
CSSD workers		CSSD, Infection Control	

1. PURPOSE

1.1. To describe the infection control policies and procedures for the CSSD.

2. DEFINITION

2.1. CSSD: Central Sterile Supply Department.

2.2. PPE: Personal Protective Equipment's.

2.3. CSSD work flow: is working in a unidirectional flow (receiving ◊ decontamination ◊ preparation ◊ packing ◊ sterilization ◊ storage) and is divided into two designated areas that are defined by the physical activities performed in each area.

2.4. Receiving Area: includes the dispensing area, breakout room, peripheral support areas of the processing area and locker rooms. Traffic is limited to employees and those who have specific business in the area.

2.5. Restricted Areas: include the processing area, storage areas for clean and sterile supplies, work areas for storage and processing of instruments, case cart area, decontamination area, and corridors leading to restricted areas of the surgical suite.



2.6. Biological Indicator (B.I) test is a process-monitoring device, consisting of a standardizable population of microorganisms known to be resistant to the mode of sterilization process being monitored and that serves to demonstrate whether sterilization conditions are met, it's done weekly.

2.7. Bowie-Dick test: is a test done to determine air tightness and efficiency of the vacuum system of a prevacuum type-high speed sterilizer & to ensure the sterility of subsequently processed supplies. Satisfactory test results will show a dark brown uniform coloring on the strip, it's done daily

3. RESPONSIBILITY

3.1. CSSD

3.2. Infection Control

4. CROSS REFERENCES

4.1. Hand hygiene

4.2. Sharps Disposal

4.3. Post-exposure Management

4.4. Waste Management

5. POLICY

5.1. CSSD Personnel must:

5.1.1. Adhere to the infection control requirements in regards to Infection Control policy regarding Cleaning, Disinfection and Sterilization Practices.

5.1.2. Food and drinks are not permitted in the working area.

5.1.3. Traffic in this area is limited to authorized personnel and clinicians.

5.1.4. Follow the hand washing technique according to the policy.

5.1.5. Handle and dispose of sharps according to Infection Control policy.

5.1.6. Report blood/body fluid exposures to the supervisor or person in charge immediately



- . 5.1.7. Follow staff screening and immunization policy
- 5.1.8. Promptly clean blood and body fluid spills according to to Infection Control policy
- 5.1.9. Dispose of contaminated materials according to Infection Control policy
- 5.1.10. CSSD manager must keep the Infection Control Department updated on any alteration in Infection control practices
- 5.1.11. The Infection Control Department must be notified if the BI or Bowedic testes are showing positive results

5.2. Dress Code:

- 5.2.1. All personnel working in the CSSD areas shall wear clean surgical scrubs in the preparation, packing and sterilization areas.
- 5.2.2. All personnel shall wear the proper PPE in the decontamination area.
- 5.2.3. Scrubs shall be changed daily or when wet, grossly soiled, or contaminated.
- 5.2.4. Clean, closed-toe shoes shall be worn on duty. They shall have non-skid soles, and be sturdy enough to prevent an injury if an item drops on the foot.
- 5.2.5. All head and facial hair shall be completely covered with a surgical-type hair covering in restricted areas.
- 5.2.6. Headscarves shall be 100% cotton, and of sufficient size to allow for all loose ends to be tucked in.
- 5.2.7. Any staff member with acne or boils on exposed skin shall report to the infection control unit prior to starting his/her shift duty.
- 5.2.8. Fingernails shall be kept short, clean, unvarnished and healthy. Artificial or acrylic nails are not allowed.
- 5.2.9. arm or hand jewelry shall consist of a wristwatch and one wedding band. No bracelets, bangles or heavy neck jewelry is allowed.
- 5.2.10. A clean, buttoned lab coat or a surgical cover gown shall be worn whenever the employee leaves the.



5.3. CSSD Processing Areas:

5.3.1. Processing area(s) ideally should be divided into at least three areas: decontamination, packaging, and sterilization and storage.

5.3.2. Physical barriers should separate the decontamination area from the other sections to contain contamination on used items.

5.3.3. Negative pressure and no fewer than two air exchanges per hour in the decontamination area and 10 air changes per hour with positive pressure in the sterilizer equipment room.

5.3.4. Surgical instruments are generally presoaked to prevent drying of blood and tissue using liquid immersion.

5.3.5. Outside shipping cartons or cases are not to be used as dispensing boxes, nor to be allowed in areas where sterile products are stored and issued.

5.4. Access to CSSD:

5.4.1. Persons from other departments entering, receiving or restricted areas of the CSSD for a brief time for a specific purpose, and authorized by the Unit Supervisor [e.g., Maintenance or Clinical Engineering] may don a disposable coverall suit over their outside apparel.

5.4.2. Doors to the main corridor shall be closed except during movement of supplies and equipment.

5.5. Collection and Delivery:

5.5.1. Supplies prepared for surgical procedures in case cart staging shall be transported to the Operating Rooms wing through the sterile supply at the storage area.

5.5.2. Soiled supplies, instruments and equipment shall not re-enter the clean core area. They shall be contained in closed bags or covered carts and containers for transport to the decontamination area.

5.5.3. All items shall be removed from their external shipping containers in the Breakout Room before they are transported to processing or dispensing areas.

5.5.4. Outside shipping cartons or cases are not to be used as dispensing boxes, nor to be allowed in areas where sterile products are stored and issued



5.6. Storing of Surgical Items:

5.6.1. Ensure the sterile storage area is a well-ventilated area that provides protection against dust, moisture, insects, and temperature and humidity extremes

5.6.1.1. Humidity must and temperature be checked on daily bases and recorded normal (normal range 35% to 50%)

5.6.2. Following the sterilization process, medical and surgical devices must be handled using aseptic techniques in order to prevent contamination.

5.6.3 Sterile supplies should be stored far enough from the floor (8 to 10 inches), the ceiling (5 inches unless near a sprinkler head [18 inches from sprinkler head]), and the outside walls (2 inches) to allow for adequate air circulation

5.6.4.Shelf life, All product should remain sterile until some event causes the item to become contaminated or after 3month from sterilizing (e.g., tear in packaging, packaging becomes wet, seal is broken), evaluate packages before use for loss of integrity, If the integrity of the packaging is compromised, repack and reprocess the pack before use.

6. PROCEDURE

6.1. All procedures for implementation are detailed in the CSSD IPPs

10.REFERENCES

10.1. Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 10.2.

The GCC Infection prevention and control manual 3rd edition 2018



11. APPROVAL

APPROVALS & REVIEWS:			
Prepared By	Title	Date	Signature
Arwa Abdullah A Alzhrany	Head of Department	02-08-2025	
Reviewed By			
Dr. Mostafa Mohammed Osman	Quality Director	02-08-2025	
Approved By			
Dr. Abdulmajeed Abdullah Saleh	Medical Director	02-08-2025	
Eng. Meshaal Hussein Alghamdi	Executive Director	02-08-2025	