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HOSPITAL INFECTION CONTROL AND STERILIZATION POLICY

AIM:

To establish and sustain a comprehensive Infection Prevention and Control (IPC) system that effectively prevents, minimizes, and controls the transmission of infectious diseases and Healthcare Associated Infections (HAIs) among patients, students, faculty, staff, and visitors.

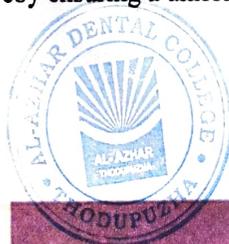
PRACTICES:

The Hospital Infection Control Committee (HICC) functions as the apex body responsible for planning, implementing, monitoring, and periodically reviewing all infection control activities within the institution. The Committee operates under the administrative guidance of the Principal and in coordination with the Institutional Quality Assurance Cell (IQAC), ensuring that infection control measures are integrated into the overall quality management framework of the college and hospital.

The HICC adopts a systematic, evidence-based, and patient-centered approach to infection prevention. All policies and procedures are documented, periodically audited, and updated in accordance with evolving regulatory standards and best clinical practices. The following infection control practices are implemented across all clinical and pre-clinical departments:

1. Standard Precautions:

The institution recognizes the potential risks associated with Healthcare Associated Infections (HAIs) and is committed to reducing such risks through strict adherence to Standard Precautions. These precautions are universally applied to all patients, irrespective of their medical history or diagnosis, thereby ensuring a uniform and non-discriminatory approach to infection prevention.



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Principal



Standard Precautions encompass:

- Strict hand hygiene practices
- Appropriate and rational use of Personal Protective Equipment (PPE)
- Safe injection and infusion practices
- Sterilization and high-level disinfection of instruments
- Environmental surface decontamination
- Safe handling and disposal of sharps
- Respiratory hygiene and cough etiquette

Compliance with Standard Precautions is monitored through structured audits, supervisory rounds, and documented evaluation mechanisms as part of the institutional Quality Assurance framework.

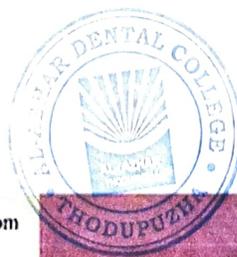
Hand Hygiene:

Hand hygiene is recognized as the cornerstone of infection prevention and is mandatory for all healthcare personnel, students, and clinical support staff. The institution strictly adheres to the World Health Organization (WHO) guidelines on the “Five Moments for Hand Hygiene.”

All clinical personnel perform hand hygiene:

- Before touching a patient
- Before performing any aseptic or invasive procedure
- After exposure to body fluids or excretions
- After touching a patient
- After touching the patient’s immediate surroundings

Hand hygiene may be performed using soap and water (minimum 40–60 seconds) or alcohol-based hand rub solutions (20–30 seconds), depending on clinical indication. Compliance is periodically assessed through observational audits and documented for quality monitoring and accreditation purposes.



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Personal Protective Equipment (PPE):

All dental surgeons, faculty members, students, nursing staff, technicians, and auxiliary personnel are required to wear appropriate PPE based on the nature of the clinical procedure being performed.

PPE includes:

- Disposable gloves
- Surgical masks or N95 respirators (where indicated)
- Protective eyewear or face shields
- Clinical gowns or aprons
- Head caps and shoe covers for surgical procedures

The institution ensures adequate procurement, availability, and rational utilization of PPE.

Usage compliance is regularly monitored, and corrective actions are initiated when deviations are identified.

2. Sterilization and Disinfection Protocol:

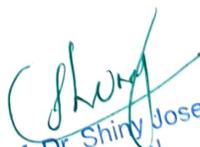
All reusable instruments undergo a standardized and validated sterilization process to ensure complete elimination of microbial contamination. The sterilization cycle includes:

- Collection and segregation
- Cleaning (manual/ultrasonic)
- Rinsing and drying
- Inspection and Packing
- Sterilization
- Storage and controlled distribution

Steam sterilization using autoclaves is routinely employed as the primary method.

Sterilization effectiveness is verified through:

- Mechanical monitoring (cycle parameters)
- Chemical indicators (each cycle)
- Biological indicators (periodic validation)


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Detailed sterilization logs are maintained and reviewed periodically. Any failure in sterilization parameters triggers immediate corrective and preventive actions under the Continuous Quality Improvement (CQI) mechanism.

3. Biomedical Waste Management:

Biomedical waste is managed strictly in accordance with the Biomedical Waste Management Rules (2016 and subsequent amendments). Waste segregation is carried out at the point of generation using standardized color-coded containers.

The system includes:

- Source-level segregation
- Barcoding and labelling
- Safe internal transportation
- Storage in designated areas
- Disposal through authorized biomedical waste disposal agencies

Regular training sessions are conducted for students, staff and cleaning staff to reinforce safe waste handling practices. Periodic internal audits are undertaken to ensure regulatory compliance and environmental safety.

4. Environmental Infection Control:

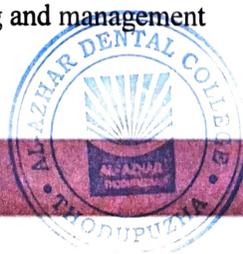
All clinical areas are subjected to routine surface disinfection protocols after each patient encounter. High-touch surfaces are cleaned and disinfected at regular intervals. Dental unit waterlines are periodically treated and monitored to maintain microbial safety standards.

Air quality, ventilation, and housekeeping practices are monitored to maintain a safe clinical environment. Pest control measures are implemented through authorized service providers.

5. Surveillance, Audit, and Reporting Mechanism:

The institution maintains a structured infection surveillance system, including:

- Monitoring of HAIs
- Needle stick injury reporting and management
- Sterilization audits




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- Hand hygiene compliance audits
- PPE compliance monitoring

Incident reports are documented, investigated, and reviewed during HICC meetings. Root cause analysis is conducted where necessary, and corrective and preventive measures are implemented promptly.

6. Training and Capacity Building:

Regular orientation programs are conducted for newly admitted students and newly recruited staff regarding infection control protocols. Periodic continuing education programs, workshops, and mock drills are organized to enhance awareness and practical competency in infection prevention.

Training records are systematically maintained as part of institutional quality documentation required for accreditation and audit processes.

7. Continuous Quality Improvement (CQI):

The Infection Control Program operates on the Plan–Do–Check–Act (PDCA) model. Audit findings, surveillance data, and feedback mechanisms are analyzed periodically to identify areas for improvement. Necessary policy revisions and procedural enhancements are implemented to ensure sustained quality standards.

HEPATITIS B VACCINATION AND POST-EXPOSURE PROPHYLAXIS POLICY

Hepatitis B vaccination is mandatory for all faculty, postgraduate and undergraduate students, interns, dental auxiliaries, laboratory personnel, and healthcare workers prior to clinical exposure. The vaccination shall be administered as a three-dose schedule (0, 1, and 6 months) with post-vaccination Anti-HBs titre assessment to confirm adequate immunity (≥ 10 mIU/mL), and booster dose(s) shall be given to non-responders as per recommended guidelines.

In the event of occupational exposure to blood or body fluids, immediate first aid measures shall be instituted and the incident reported without delay to the Hospital Infection Control



Committee (HICC). Risk assessment of the exposure, evaluation of the source patient, and assessment of the immune status of the exposed individual shall be carried out promptly. Post-Exposure Prophylaxis (PEP), including administration of Hepatitis B Immunoglobulin (HBIG) and/or Hepatitis B vaccine, shall be provided as per national guidelines and initiated at the earliest. Follow-up testing, documentation of exposure incidents, and periodic review of vaccination coverage and PEP compliance shall be undertaken as part of institutional infection control surveillance and quality assurance under IQAC.




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