



Sahayog Sevabhavi Sanstha's
MOTHER TERESA NURSING SCHOOL
Sahayog Educational Campus, Vishnupuri, Nanded-431606. (Maharashtra)

POLICIES REGARDING QUALITY CARE



INTRODUCTION

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage. As countries commit to achieving Health for All, it is imperative to carefully consider the quality of care and health services. Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:

- **Effective** – providing evidence-based healthcare services to those who need them;
- **Safe** – avoiding harm to people for whom the care is intended; and
- **People-centred** – providing care that responds to individual preferences, needs and values.

To realize the benefits of quality health care, health services must be:

- **Timely** – reducing waiting times and sometimes harmful delays;
- **Equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- **Integrated** – providing care that makes available the full range of health services throughout the life course;
- **Efficient** – maximizing the benefit of available resources and avoiding waste.

Hand Hygiene Guidance

The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings.

Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal

Healthcare facilities should:

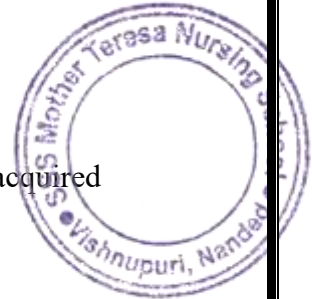
- Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations
- Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled


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- Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered
- Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands.

Cleaning your hands reduces:

- The spread of potentially deadly germs to patients
- The risk of healthcare provider colonization or infection caused by germs acquired from the patient



Two -Method of hand hygiene:

Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene:

- Use an Alcohol-Based Hand Sanitizer
- Wash with Soap and Water

Use an Alcohol-Based Hand Sanitizer	Wash with Soap and Water
Immediately before touching a patient	When hands are visibly soiled
Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices	After caring for a person with known or suspected infectious diarrhea
Before moving from work on a soiled body site to a clean body site on the same patient	After known or suspected exposure to spores (e.g. B. anthracis, C difficile outbreaks)
After touching a patient or the patient's immediate environment	

STEPS OF HAND-WASHING:

1. Wet your hands with clean — preferably running — water.
2. Apply enough soap to cover all surfaces of your hands and wrists.
3. Lather and rub your hands together briskly and thoroughly. Make sure to scrub all surfaces of your hands, fingertips, fingernails, and wrists.
4. Scrub your hands and wrists for at least 20 seconds.
5. Rinse your hands and wrists under clean — preferably running — water.
6. Dry your hands and wrists with a clean towel, or let them air-dry.
7. Use a towel to turn off the faucet.

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Vishnupuri, Nanded-431606

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces.

Rub hands palm to palm.



Right palm over left dorsum with interlaced fingers and vice versa.

Palm to palm with fingers interlaced.

Backs of fingers to opposing palms with fingers interlaced.



Rotational rubbing of left thumb clasped in right palm and vice versa.

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

Once dry, your hands are safe.



World Health Organization

Patient Safety

SAVE LIVES

Clean Your Hands

Your 5 Moments for Hand Hygiene



Moment	Description
1	Before touching a patient
2	Before a clean/sterile procedure
3	After body fluid exposure risk
4	After touching a patient
5	After touching patient surroundings



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Patient Safety

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S. Sai
PRINCIPAL

SSS Mother Teresa Nursing School,
Vishnupuri, Nanded-431606



BIOMEDICAL WASTE MANAGEMENT:

Effective biomedical waste management involves the proper segregation, handling, and disposal of waste. Healthcare facilities must develop procedures to ensure that waste is properly labeled, stored, transported, and disposed of. Technologies such as autoclaving, incineration, and chemical treatment can be used to treat medical waste.

The improper management of biomedical waste can lead to negative consequences for the environment. When this waste is not disposed of properly, it can cause pollution of soil, water, and air. Additionally, it can pose health risks to humans and animals. This is particularly true when medical waste is not properly segregated, treated, and disposed of.

Biomedical waste is any waste containing infectious or potentially infectious materials. These wastes are generated during the diagnosis, treatment, and immunization of humans and animals. Biomedical wastes can be in both solid and liquid forms. Examples of biomedical wastes include:

- Waste sharps such as needles, lancets, syringes, scalpels, and broken glass
- Human tissues or identifiable body parts (as a result of amputation)
- Animal tissues and waste from veterinary hospitals
- Used bandage, dressings, gloves, and other medical supplies
- Liquid waste from infected areas
- Laboratory wastes

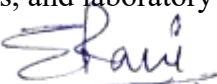
Types of Biomedical Waste

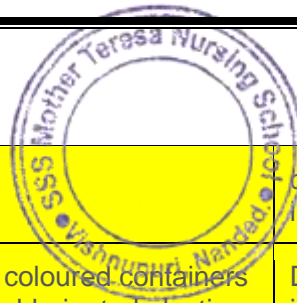
The World Health Organization (WHO) has categorized biomedical waste into eight categories. They are:

1. **Infectious Waste** – Any biomedical waste that is infectious or contaminated.
2. **Sharps** – Sharps objects like needles, scalpels, broken glass, and razors.
3. **Pathological Waste** – Body parts of humans or animals, including tissues, fluids, or blood.
4. **Pharmaceutical Waste** – Unused drugs, medicine, or creams that are expiring.
5. **Genotoxic Waste** – Toxic drugs and hazardous toxic waste
6. **Radioactive Waste** – Any waste containing potentially radioactive materials
7. **Chemical Waste** – Liquid waste from machines, batteries, and disinfectants is chemical.
8. **General/Other Waste** – All other non-hazardous waste.

Further, the Central Pollution Control Board (CPCB) has designated separate colour-coded bins to dispose of biomedical wastes as per their nature.

- **Yellow Bin:** For anatomical waste, chemical waste, soiled waste, chemotherapy waste, discarded linen and medicines, and laboratory waste.
- **Red Bin:** For contaminated plastic wastes
- **Blue Bin:** For glass waste and metallic implants
- **Black Bin:** For hazardous and other waste


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			disposed by incineration.
	Chemical Waste: Chemicals used in production of biological and used or discarded disinfectants.	Yellow coloured containers or non-chlorinated plastic bags	Disposed of by incineration or Plasma Pyrolysis or Encapsulation in hazardous waste treatment, storage and disposal facility .
	Chemical Liquid Waste : Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, Silver X - ray film developing liquid, discarded Formalin, infected secretions, aspirated body fluids , liquid from laboratories and floor washings, cleaning, house - keeping and disinfecting activities etc.	Separate collection system leading to effluent treatment system	After resource recovery, the chemical liquid waste shall be pre - treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in Schedule - III.
	Discarded linen, mattresses, beddings contaminated with blood or body fluid.	Non-chlorinated yellow plastic bags or suitable packing material	Non - chlorinated chemical disinfection followed by incineration or Plazma Pyrolysis or for energy recovery. In absence of above facilities, shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery or incineration or Plazma Pyrolysis .
	Microbiology, Biotechnology and other clinical laboratory waste: Blood bags, Laboratory cultures, stocks or specimens of micro - organisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures.	Autoclave safe plastic bags or containers	Pre - treat to sterilize with non - chlorinated chemicals on - site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter for Incineration.
Red	Contaminated Waste (Recyclable) Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves.	Red coloured non-chlorinated plastic bags or containers  PRINCIPAL	Autoclaving or micro - waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated

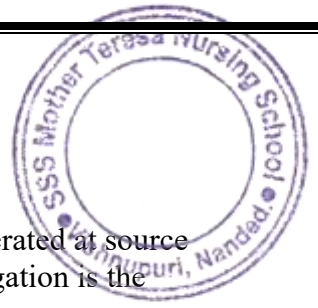


			waste to be sent to registered or authorized recyclers or for energy recovery or plastics to diesel or fuel oil or for road making, whichever is possible. Plastic waste should not be sent to landfill sites.
White (Translucent)	Waste sharps including Metals: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	Puncture proof, Leak proof, tamper proof containers	Autoclaving or Dry Heat Sterilization followed by shredding or mutilation or encapsulation in metal container or cement concrete; combination of shredding cum autoclaving; and sent for final disposal to iron foundries (having consent to operate from the State Pollution Control Board s or Pollution Control Committee s) or sanitary landfill or designated concrete waste sharp pit.
Blue	Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes	Cardboard boxes with blue colored marking	Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or through autoclaving or microwaving or hydroclaving and then sent for recycling.
	Metallic Body Implants		

* Disposal by deep burial is permitted only in rural or remote areas where there is no access to common bio - medical waste treatment facility. This will be carried out with prior approval from the prescribed authority and as per the Standards specified in Schedule - III. The deep burial facility shall be located as per the provisions and guidelines issued by Central Pollution Control Board from time to time.

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Segregation:

Segregation refers to the basic separation of different categories of waste generated at source and thereby reducing the risks as well as cost of handling and disposal. Segregation is the most crucial step in bio-medical waste management. Effective segregation alone can ensure effective biomedical waste management.

- Segregation reduces the amount of waste needs special handling and treatment
- Effective segregation process prevents the mixture of medical waste like sharps with the general municipal waste.
- Prevents illegally reuse of certain components of medical waste like used syringes, needles and other plastics.
- Provides an opportunity for recycling certain components of medical waste like plastics after proper and thorough disinfection.

How does segregation help?

- Recycled plastic material can be used for non-food grade applications.
- Of the general waste, the biodegradable waste can be composted within the hospital premises and can be used for gardening purposes.
- Recycling is a good environmental practice, which can also double as a revenue generating activity.
- Reduces the cost of treatment and disposal (80 per cent of a hospital's waste is general waste, which does not require special treatment, provided it is not contaminated with other infectious waste)

Proper labelling of bins

The bins and bags should carry the biohazard symbol indicating the nature of waste to the patients and public.

Collection

The collection of biomedical waste involves use of different types of container from various sources of biomedical wastes like Operation Theatre, laboratory, wards, kitchen, corridor etc. The containers/ bins should be placed in such a way that 100 % collection is achieved. Sharps must always be kept in puncture-proof containers to avoid injuries and infection to the workers handling them.

Storage

Once collection occurs then biomedical waste is stored in a proper place. Segregated wastes of different categories need to be collected in identifiable containers. The duration of storage should not exceed for 8-10 hrs in big hospitals (more than 250 bedded) and 24 hrs in nursing homes. Each container may be clearly labelled to show the ward or room where it is kept. The reason for this labelling is that it may be necessary to trace the waste back to its source. Besides this, storage area should be marked with a caution sign.

Transportation

The waste should be transported for treatment either in trolleys or in covered wheelbarrow. Manual loading should be avoided as far as possible. The bags / Container containing BMWs should be tied/ lidded before transportation. Before transporting the bag containing BMWs, it should be accompanied with a signed document by Nurse/ Doctor mentioning date, shift, quantity and destination.


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Special vehicles must be used so as to prevent access to, and direct contact with, the waste by the transportation operators, the scavengers and the public. The transport containers should be properly enclosed. The effects of traffic accidents should be considered in the design, and the driver must be trained in the procedures he must follow in case of an accidental spillage. It should also be possible to wash the interior of the containers thoroughly.

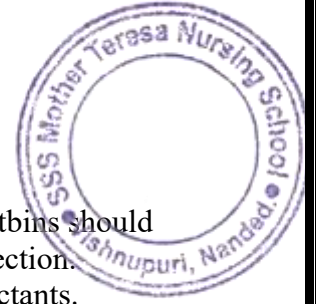
Personnel safety devices

The use of protective gears should be made mandatory for all the personnel handling waste.

- **Gloves:** Heavy-duty rubber gloves should be used for waste handling by the waste retrievers. This should be bright yellow in colour. After handling the waste, the gloves should be washed twice. The gloves should be washed after every use with carbolic soap and a disinfectant. The size should fit the operator.
- **Aprons, gowns, suits or other apparels:** Apparel is worn to prevent contamination of clothing and protect skin. It could be made of cloth or impermeable material such as plastic. People working in incinerator chambers should have gowns or suits made of non-inflammable material.
- **Masks:** Various types of masks, goggles, and face shields are worn alone or in combination, to provide a protective barrier. It is mandatory for personnel working in the incinerator chamber to wear a mask covering both nose and mouth, preferably a gas mask with filters.
- **Boots:** Leg coverings, boots or shoe-covers provide greater protection to the skin when splashes or large quantities of infected waste have to be handled. The boots should be rubber-soled and anti-skid type. They should cover the leg up to the ankle.
- Cleaning devices
- **Brooms:** The broom shall be a minimum of 1.2 m long, such that the worker need not stoop to sweep. The diameter of the broom should be convenient to handle. The brush of the broom shall be soft or hard depending on the type of flooring.
- **Dustpans:** The dustpans should be used to collect the dust from the sweeping operations. They may be either of plastic or enamelled metal. They should be free of ribs and should have smooth contours, to prevent dust from sticking to the surface. They should be washed with disinfectants and dried before every use.
- **Mops:** Mops with long handles must be used for swabbing the floor. They shall be of either the cloth or the rubber variety. The mop has to be replaced depending on the wear and tear. The mechanical-screw type of mop is convenient for squeezing out the water.
- **Vacuum cleaners:** Domestic vacuum cleaners or industrial vacuum cleaners can be used depending on the size of the rooms.


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Storage devices

Dustbins:

It is very important to assess the quantity of waste generated at each point. Dustbins should be of such capacity that they do not overflow between each cycle of waste collection. Dustbins should be cleaned after every cycle of clearance of waste with disinfectants. Dustbins can be lined with plastic bags, which are chlorine-free, and colour coded as per the law.

Handling devices

Trolleys

The use of trolleys will facilitate the removal of infectious waste at the source itself, instead of adding a new category of waste.

Wheelbarrows:

Wheelbarrows are used to transfer the waste from the point source to the collection centres. There are two types of wheelbarrow – covered and open. Wheelbarrows are made of steel and provided with two wheels and a handle. Care should be taken not to directly dump waste into it. Only packed waste (in plastic bags) should be carried. Care should also be taken not to allow liquid waste from spilling into the wheelbarrow, as it will corrode. These are ideal for transferring debris within the institution. Wheelbarrows also come in various sizes depending on the utility.

Chutes:

Chutes are vertical conduits provided for easy transportation of refuse vertically in case of institutions with more than two floors. Chutes should be fabricated from stainless steel. It should have a self-closing lid. These chutes should be fumigated everyday with formaldehyde vapours. The contaminated linen (contaminated with blood and or other body fluids) from each floor should be bundled in soiled linen or in plastic bags before ejecting into the chute.

Alternately, elevators with mechanical winches or electrical winches can be provided to bring down waste containers from each floor. Chutes are necessary to avoid horizontal transport of waste thereby minimizing the routing of the waste within the premises and hence reducing the risk of secondary contamination.



Shani
PRINCIPAL

SSS Mother Teresa Nursing School,
Vishnupuri, Nanded-431606



Cytotoxic



Biohazard



BIO MEDICAL WASTE MANAGEMENT

Segregation of Hospital Bio-Medical Waste



Shani
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SSS Mother Teresa Nursing School,
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